Spiritual wellbeing and its relationship to adolescent resilience. A case study of Australian youth attending one local church.

Submitted by

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A thesis submitted in total fulfilment of the requirements of the degree of

Doctor of Philosophy

Quality of Life and Social Justice Research Centre

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December 2010

STATEMENT OF AUTHORSHIP AND SOURCES

This thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma.

No parts of this thesis have been submitted towards the award of any other degree or diploma in any other tertiary institution.

No other person's work has been used without due acknowledgment in the main text of the thesis.

All research procedures reported in the thesis received the approval of the relevant ethics and safety committees (where required).

Editorial assistance was received from Dr W Pyper PhD in line with Standard D of the Australian Standards for Editing Practice.

Signed: 

Date: 2nd December 2010

ABSTRACT

The purpose of this study was to examine the relationships and connections within the family and the local Christian church community influencing spiritual wellbeing of young people engaged with Christian spirituality. Questions have arisen recently about the role of spiritual wellbeing in strengthening resilience of youth. To explore this association, this research focused on the relationships and connectedness of people who attend one religious organisation as one means of enhancing their spiritual wellbeing. Two separate but complementary theories underpinned this research: the bioecological theory of human development (Bronfenbrenner 2001a) and the international family strengths model (DeFrain & Asay 2007a).

In line with the purposes of an instrumental case study, different sources of data (quantitative and qualitative) were collected on the phenomenon of interest—spiritual wellbeing. Utilising a survey method, a theoretical purposive sample of sixty five people participated in this study.

Through an abductive analysis process, the research identified a model of five spiritual strengths that enhance peace and life satisfaction and strengthen youth resilience within the lives of the young people in this study. Spiritual wellbeing and resilience were shown to be interrelated and ecologically bound. This case study presents one possible explanation for the often observed yet poorly understood relationship between spiritual wellbeing and positive youth outcomes, such as resilience.

The author recommends measurement of resilience and strategies that aim to strengthen youth resilience should include spiritual wellbeing however, further research is required that considers how best to incorporate spiritual wellbeing into both resilience measures and health promoting strategies. It is also recommended that replica studies with people who belong to other spirituality types, and who may implement differing spiritual practices, are needed to test the proposed model of spiritual strengths and the identified relationship to resilience.

STATEMENT OF APPRECIATION AND DEDICATION

Firstly I would like to thank Professor Ruth Webber. My journey was enriched by your guidance. I also gratefully thank Professor John DeFrain. Your gift to inspire others to value our strengths and our connections to each other was the inspiration for this dissertation and a constant source of energy. Thank you Dr Pat Bazeley for generously sharing your research and culinary skills. I also thank Dr David Buchanan and Robyn Kelly, who have been willing to read drafts, discuss endlessly with me and challenge my ideas. Thank you everyone for your constructive development of my work. Your friendship and support helped me 'keep my eyes on the prize'.

Kate, my Peanut. No one else can be my Peanut. Thank you for enjoying the achievements of life with me. May my walk beside you bring you comfort and joy. Brendan, Jaimie and Luke, seeing your spiritual development flourish whilst I studied the spiritual wellbeing of other young people was, and continues to be, the source of great life satisfaction. Susan, welcome to our family. Together may our family be strong and our spiritual wellbeing grow. Dad and Mum, you commenced this journey for me through encouraging my own spiritual awareness from a young age; your love for your children blesses us.

Lastly, this dissertation was inspired by the life of Galileo Galilei. Despite the wrong that he suffered, Galileo never lost sight of his motivation to honour God, who allowed him to see more than anyone else before had. Galileo showed us that we are not the centre (1Timothy 1:17). May all who read this work be spiritually well (3John 1:2).

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GLOSSARY

To facilitate the accurate understanding of aspects of this dissertation several definitions are necessary to ensure that a common understanding is shared concerning specialist terms introduced in this dissertation and common words that have multiple meaning.

Bioecology

The term *bioecology* derives from the bioecological theory of human development by Bronfenbrenner (2001a) and pertains to a holistic system of the interactions that occur between an individual (their biological being) and the multifaceted, interconnected systems surrounding them in their everyday activities. These interactions are known as proximal processes.

Church

The word *church* has various popular meanings. Watson (1999) identifies the following three meanings for the church:

- a building set apart for religious activity.
- a service of worship and religious activity that people participate in.
- a congregation of people.

The modern English word church stems from two Greek words, ‘kurike meaning belonging to the Lord…and…ekklesia…the convened assembly of people’ (Watson 1999, p. 65). Harrington (2001, p. 20) agrees and defines the church as ‘the

community of those gathered in the name of Jesus Christ…the Church may be described as the fellowship of those who aspire to God's kingdom and are gathered in the name of Jesus Christ and led by the Spirit of God'. The word church can be used to refer to either a local gathering or the universal community of believers. This dissertation concerns people who attend a local assembly and, unless otherwise stated, the congregation or assembly of people who participate in the activities (religious and/or spiritual) of the identified local Assembly of God church, will be referred to as the local church.

Connectedness

Connectedness is defined by Rowe (2004, p. 21) as 'a society that has strong social bonds that are characterised by high levels of interpersonal trust and norms of reciprocity where there is the absence of social conflict; an abundance of associations that bridge social divisions and the presence of institutions of conflict management'. Researchers have explored peoples connectedness to numerous institutions within the community, most prevalently school and the family.

Development

Bronfenbrenner has defined development within the bioecological theory as 'the phenomenon of continuity and change in the biopsychological characteristics of human beings both as individuals and as a group. The phenomenon extends over the life course across successive generations and through historical time, both past and present' (Bronfenbrenner 2001a, p. 6963).

Developmental health

Developmental health describes a persons developmental and health response to life experiences and their ecology. The emphasis in this concept is on individuals achieving their maximum potential across all areas of development as a result of positive bidirectional interactions within supportive ecologies (Hertzman 1999).

Generation Y

Someone born between 1981 and 1995—aged 12 to 26 years in 2007 (Mason, Singleton & Webber 2007). There is disagreement as to what birth dates constitute differing generations within the literature however, it is the common life experiences that give members of a generation their group identity, not their year of birth (Hughes 2007, p. 22). The term *Generation Y* overlaps with the term *the young person*, which is more commonly utilised in the health sciences. The concept of a generation refers to a historical point in time, whereas the concept of a young person refers to a developmental period of life. In this dissertation both terms are used interchangeably.

Health

The World Health Organisation (WHO 1948, p. 2) definition of health states 'health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. The definition identifies three dimensions of health: physical, mental and social. WHO (2005) has recognised that a fourth dimension—spiritual health—is often added to this definition in a cultural and community understanding of health.

Pathways of developmental health

Pathways of developmental health are a conceptual framework that is increasingly researched in the health sciences. Weisner (2005, p. 1) identified that 'development occurs along pathways given to us by culture and society, and actively chosen and engaged in by parents and children within some particular cultural ecology'. These pathways consist of everyday activities and routines of life that shape our beliefs and behaviours, impacting on life outcomes across health, development and wellbeing.

Religion

A religion is a system of beliefs and actions (or practices both personal and corporate) related to a creator God (or supreme being), which purport to provide a coherent response to existential dilemmas of humanity (Abercrombie, Hill & Turner 2000). Religious practices within the Pentecostal Christian denomination include, but are not limited to: prayer, Bible reading, attendance at church, the partaking of communion, and post-conversion water baptism. Some authors use the term religion to refer to the institutional and organisational structures of a system of beliefs and the term religiousness when referring to the subjective experiencing and interpretation of religion (Oser, Scarlett & Bucher 2006). This dissertation does not focus on religion or religiousness, rather spiritual wellbeing (see below definition).

Resilience

Resilience is viewed as a process by which individuals draw on personal characteristics and resources in their environment to enable them to successfully negotiate adversity. As such, resilience is not seen as a static characteristic of an individual, but rather a dynamic process across contexts and throughout the lifespan. The process of resilience can be seen as arising from interactions which are central to normal developmental processes, which commonly occur (Gartland 2009, pp. 9–14). This definition is utilised in this dissertation because it aligns with the bioecological perspective and is the basis for the development of the Adolescent Resilience Questionnaire used in this research project.

Spirituality

In The Spirit of Generation Y—a major research project aiming to map and define Generation Y spirituality in Australia—Mason, Singleton and Webber (2007, p. 39) define spirituality as ‘a conscious way of life based on a transcendent referent’. Further, Mason, Singleton and Webber (2007) say ‘a person’s spirituality is a way of life—a view of the world and a set of values and practices—which may be based on:

1. a traditional world religion;
2. an ‘alternative’ path such as ‘New Age’ spirituality;
3. a blend from both traditional and alternative sources; or
4. an entirely secular outlook’ (p. 150).

Spiritual Development

The concept of spiritual development is not new, yet there remains little consensus on this province of humanity. The Convention on the Rights of the Child (UNICEF 1989) recognises the universality of spiritual development in Article 27, when identifying every child has 'the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development' (p. 58). Spiritual development is a core developmental dimension that enables humans to have the 'capacity and inclination to create a narrative about who one is in the context of space and time…This process of constructing the self in social and historical context is universal, transhistorical, and transcultural'. (Roehlkepartain et al. 2006a, p.5). Spiritual development is recognised as an emerging area of developmental science and there is no general consensus about the characteristics or aetiology of spiritual development.

Spiritual Wellbeing

Ellison (1983 p. 330) defined spiritual wellbeing as 'the affirmation of life in relation with God, self, community and environment that nurtures and celebrates wholeness'. Spiritual wellbeing is the subjective outcome an individual derives from relationship satisfaction and connectedness with God, self, others and the environment. Spiritual wellbeing is derived from the subjective interpretation of experience related to spirituality and/or religion. Spiritual wellbeing is a broader more inclusive construct than religiousness within this dissertation.

Wellbeing

The phenomenon of wellbeing is difficult to define, because it is an individualised concept. Harris, Nagy and Vardaxis (2006, p. 1827) define wellbeing as 'achievement of a good and satisfactory existence as defined by the individual'. For research purposes, wellbeing is often externally determined by measurement across various outcome indicators. For example, five commonly accepted measurable indicators of youth wellbeing outcomes from a deficits perspective are: violence, teen pregnancy, drug and alcohol abuse, school drop out and juvenile delinquency (Fiske 1999, p. 53). Self-esteem and quality of life are two other commonly utilised outcome indicators of wellbeing from a strengths perspective.

Young Person

The period of life between childhood and adulthood is a transitional period during which it is thought that many future outcomes, both positive and reduced, have their origins. As the developmental tasks associated with establishing adulthood generally extend beyond the adolescent years, 'the young person' is a term used to denote this transition, and incorporates the period of adolescence. Harris, Nagy and Vardaxis (2006, p. 1844) define the young person as 'a person usually in the age range of 12–25 years, although the age range may vary slightly according to different state or national legislation'. The group of young people participating in this study are recognised as Generation Y. For the purposes of this dissertation, adolescents are between 12–19 years of age.

CHAPTER ONE: PREAMBLE

> If we know how to make human beings human, we are obligated to do our best to do so (Hamilton & Ceci 2005 p. 284).

Globally, the topic of spirituality has become more prevalent in research in recent years. Pioneering research in Australia by Mason, Singleton and Webber (2003–2006) commenced exploration of modern Australian youth spirituality. A paucity of research and scholarship remains, especially in the role of spiritual wellbeing in relation to the coping mechanisms and resilience of youth (Hyde 2005, p. 13). Maginness (2007, p. 110) corroborates this dearth of data, concluding that research is required concerning the association between spiritual wellbeing and resilience. Given this need for further research, this dissertation reports on a case study that investigates the spiritual wellbeing of young people within the context of family and church. This chapter begins with presenting the background to this study and provides a framework to understand Australian youth in its complex modern context. From this point, the chapter puts forward the aims and research questions addressed by this dissertation. The chapter continues by explaining how it builds specifically on the Spirit of Generation Y research by Mason, Singleton and Webber (2003–2006). The chapter concludes with an explication of the significance of the study and an overview of subsequent chapters in this dissertation. In order to aid conceptual clarity, a glossary has been provided outlining the definitions used in this dissertation (see Glossary pp. xii-xviii).

The background to this study

The correlations between positive youth outcomes and spirituality are well established in research (Blum, McNeely & Nonnemaker 2002; Bond et al. 2000; Cotton et al. 2005; Neuman & Reed 2007; Oser, Scarlett & Bucher 2006; Schnittker 2001). Yet these correlations alone provide little evidence beyond quantifiable covariation (Meyers, Gamst & Guarino 2006). Incongruent results remain concerning how the complexities of spirituality encourage positive youth development (see Chapter Five). DeFrain and Asay (2007c) have however demonstrated that families value spiritual wellbeing as an important strength. Similarly, despite the recognition of spiritual wellbeing as an important family strength, it is the least understood and researched of the family strengths discourses (Olson & DeFrain 2006).

Spiritual development is an alternative approach to understanding the multidimensionality of spirituality briefly introduced so far. Roehlkepartain et al. (2006a) identified that the developmental science field traditionally excluded spiritual development from its scope of work. They conclude that the recognition of spiritual development, as a core domain of human development, should no longer be ignored. Cupit (2001) however, identified that 'current approaches to human development are not conducive to the considerations of matters of spirituality because of their adherence to a linear paradigm which is incompatible with most conceptualisations of the nature of spirit' (p. 370). Since the early 21st century, to address such incompatibility, scholars and researchers in spiritual development have begun an explanatory discourse through an inter-professional approach using a dynamic systems approach to understanding spiritual development and spiritual matters of

humanity. Roehlkepartain et al. (2006a) argue researchers have now formulated a substantial body of knowledge to warrant spiritual development being placed as ‘a core and universal dynamic in human development that deserves to be moved to centre stage in the developmental sciences, alongside and integrated with the other well known streams of development: cognitive, social, emotional and moral’ (p. 5). Foregrounding this, UNICEF recognised the universality of spiritual development in the Convention on the Rights of the Child (1989) in Article 27 (see Glossary). Spiritual development is becoming established as a legitimate domain of applied health research and health care practice.

Recent recommendations by Australian health professionals and researchers call for the dimension of spirituality to be included in programs and practices that aim to promote positive development and health outcomes for both young people and adults (Edward 2007, p. 131; McMurray 2007 p. 204). International health professionals mirror this call (McLeod & Wright 2008). Cotton et al. (2005) recommended that spiritual wellbeing and related concepts of spirituality and religiosity are included in efforts to promote resilience and healthy adolescent development, and that research efforts should be expended ‘beyond religious identification or attendance, for example, the role of spiritual wellbeing, in promoting adolescent health’ (p. 529e12). Despite a call for health promoting programs to incorporate the discourse related to spiritual matters into their practice, it is unclear how this can be accomplished (Kurtines et al. 2008).

Australian youth, 'wealth' and spirituality

In the 1990s Australian wealth grew substantially and high levels of education were realised. Despite these positive trends many scholars voiced concerns about adverse trends in indicators of developmental health and wellbeing in Australian children and youth—both indigenous and other Australian's (AIHW 2007a; Hayes 2008; McMurray 2008; Saunders 2008; Scott 2009; Stanley 2001, 2007). Australian of the Year 2003, Professor Stanley (2007, p. 44), concluded that 'the recent worrying reports on child and youth health and wellbeing, which demonstrate increases in child and youth problems, including child abuse, rank Australia well down in measures of child wellbeing compared to other OECD countries'. Wyn (2009, p. 47) identified the processes of modern society have meant that young people face: greater complexity of pathways through youth, adulthood earlier than for previous generations, increasing fragmentation of social institutions and communities, heightened significance of risks, and a public preoccupation and private responsibility for wellbeing.

Questions arose about why modern Australia is causing increases in negative developmental health and wellbeing indicators (Li, McMurray & Stanley 2008). Several national research groups formed to study Australian childhood and this emerging problem—Growing up in Australia: the Longitudinal Study of Australian Children (Gray & Smart 2008; Sanson et al. 2002); the Australian Research Alliance for Children and Youth (Stanley 2004); and, the Murdoch University Community Health Study (McMurray 2009). Yet families and youth who remained spiritual and religious continued to achieve positive developmental health and wellbeing outcomes

that some report as significantly higher than those who do not have religious or spiritual practices (Hyde 2008). Further research is required to clarify the effects of spiritual wellbeing on developmental health outcomes.

Whilst these negative trends in health outcomes were being identified, the importance and the power of the ecology to modify genetic influences and risk were also emerging (Rutter 2005; Stanley 2001). This interplay between genetics and ecology led to the understanding of the importance of the early years of life. Establishing positive pathways early in life has been identified as a means of promoting positive developmental health outcomes and the potential key in reversing the negative trends in developmental health outcomes of Australia's young people. Pathways established in the early years of life seem to wield a greater influence on lifetime outcomes than later interventions that address established risks and correct problems (Stanley 2001). There is a paucity of research on how such pathways of health and wellbeing may include spiritual wellbeing.

The aim of this study

In line with the purposes of an instrumental case study, this study aimed to examine the spiritual wellbeing of young people engaged with Christian spirituality with a focus on addressing the stated research questions.

Research questions

There were four research questions that guided the study.

1. What processes are utilized by the Australian families in this study to encourage spiritual wellbeing in their families?
2. How do spiritual practices and the local relationships within the interconnecting systems of the family and a local church impact on spiritual wellbeing of the participants?
3. Is there a relationship between spiritual wellbeing and resilience for the Australian youth who participate in this study?
4. Is there complementarity between the quantitative and qualitative data from this case study?

Building on the Spirit of Generation Y study

This study builds specifically on the Spirit of Generation Y research by Mason, Singleton and Webber (2003–2006). The Spirit of Generation Y study is the first Australian study using a representative national sample to report spirituality and religiosity in Generation Y (Mason, Singleton & Webber 2007, 2008). Table 1.1 shows the distribution of spirituality types within Generation Y in Australia with the corresponding level of engagement with that spirituality. Classification of spirituality into these types is one attempt to represent both the world-view underlying the spirituality type and the values and practices expressed by the practitioners. These terms are defined by Mason, Singleton and Webber (2007, p.69-70) as:

- Ethos: Within all worldviews, it was discovered that the corresponding ethos varies considerably—that is, the worldview may be expressed in values and carried into practice at a higher or lower level of intensity or

commitment. The level of ethos (engaged or unengaged), the degree to which the worldview is lived, the level of effective influence it exercises over a person's life by shaping values and practices.

- Traditional (Christian): grounded in the tradition of a major world-religion;
- New Age: non-traditional religion or spiritual path;
- Secular: based on human experience and human reasoning, rejecting both Traditional religion and New Age spirituality.
- Other: the spirituality of those who belong to other world religions (6%) and 'Theists' (3%). The spirituality of those who belong to other world religions is of course of the Traditional type, but their religious worldviews are so different for that of Christianity that it makes no sense to group together with Christian.

Table 1.1 shows that in Australia, Generation Y predominantly associates with the Christian spirituality type (46%). Table 1.1 however, reports that 59% of Generation Y are unengaged with their stated spirituality type compared to 41% of Generation Y who are engaged with their stated spirituality type. Mason, Singleton and Webber (2007) reported that the Christian spirituality type engaged more young people in Australia than other spirituality types (17%).

This study is the first Australian study following the Spirit of Generation Y study to specifically explore the spiritual wellbeing of young people engaged in the Christian spirituality type. Other spirituality types and unengaged followers of Christianity, as identified by Mason, Singleton and Webber (2007) are not included in this case study.

This study incorporated the spiritual practices scale developed in the Spirit of Generation Y research by Mason, Singleton and Webber (2007). Through use of the spiritual practices scale, the associations between engagement (ethos) of spiritual practices with spiritual wellbeing and adolescent resilience are examined.

Table 1.1. Young Australian spirituality type and engagement (Mason, Singleton & Webber 2007, p. 70)

Spirituality type Ethos	%
Christian	46
Engaged	17
Unengaged	29
New Age	17
Engaged	4
Unengaged	13
Secular	28
Engaged	14
Unengaged	14
Other traditional world religions	9
Engaged	6
Unengaged	3

For the purposes of this study, the Christian church studied is the Assemblies of God church. This church was purposively selected not based on its alignment to the denomination rather for access to people for whom spiritual wellbeing was of major significance, that is, they are engaged with their spiritual type. Suffice to say the term ‘Christian’ is open to contention as are the terms ‘New age’ and ‘Secular’, for many in these categories consider themselves to be spiritual but not religious (Roehlkepartain et al. 2008). The people included in this study identified themselves as ‘Christian’ and as such this fore grounded the spiritual wellbeing which is the focus of this study.

The strengths perspective

Research has traditionally explored youth from a deficits, or risks, perspective in isolation from the context where the behaviour took place. Such work has resulted in the identification of known risk behaviours and associated negative health outcomes. A discourse of risk is becoming increasingly central to many human service sectors and associated social science disciplines including health science, psychology, criminology, youth work, social work and sociology (Bessant 2001). Most research in the realm of spirituality pertains to correlations between religion and risk-taking behaviours of young people and mostly ignores positive developmental outcomes associated with spirituality (Regnerus 2003; Roehlkepartain et al. 2006b, p. 339).

Blum (1998, p. 373) noted that risk reduction approaches to health promotion do not appear to work, especially with young people and, risk-focused deficit models should change to asset-focused strengths models of health promotion. Risk-focused

research findings focus on what not to do, yet provide little guidance about what families and health professionals can do to optimise positive outcomes. Regrettably, conceptually labelling behaviours as risk taking incorporates an element of subjectivity, and fails to accommodate the multiple and complex interactions associated with adverse outcomes (Bessant, Hill & Watts 2003; Edwards, Mumford & Serra-Roldan 2007). The strengths perspective focuses on what is working rather than what is going wrong; salutogenesis qualities rather than pathogenic ones, resilience over weakness. It examines the strengths that individuals, families and communities display, and ways in which they interconnect to act as protective factors and support optimal development and health outcomes. Research from a strengths perspective is valuable in (1) gaining a better understanding of the similarities and differences among individuals, families and communities that are functioning well, (2) developing programs to enhance strengths and healthy patterns of behaviour, and (3) informing government policy sensitive to the development of strengths (Cook & DeFrain 2005).

Determining risk in individuals and their response to these risks has been a central focus of population health research from biomedical and psychosocial perspectives (Baum 2008). The term risk in this research means ‘the probability that an event will occur’ (Young 2005, p. 177). Colloquially, however, risk is conceived as the likelihood of a negative outcome eventuating, rather than a positive one. To clarify this concept the term *protective factor* has been introduced in the literature to identify factors that increase the likelihood of a positive outcome, and the term risk factor is used to identify factors that increase the likelihood of a negative outcome (Jekel, Katz

& Elmore 2007). Undoubtedly youth face many risks and challenges in negotiating their lived experiences. Researchers to date have considered three domains that aid sound negotiation: personality, familial, societal (Catalano et al. 2004; Clay, Silberberg & Cannon 2004; Olsson et al. 2003). Researchers have concluded that these three domains empowered resilience to triumph over adversity. Ahern (2006) conducted an extensive review of adolescent resilience and concluded 'there are contradictory findings documented in the literature regarding resilience among adolescents. In most cases, resilience in this population is considered to be positive (however)… there has been little documentation in the literature regarding resilience as a state in the healthy adolescent' (p. 181).

A review of the literature, presented in the ensuing descriptive theory, indicates that there are multiple factors that contribute to a young person's ability to establish a protective pathway of development and resilience. Understanding what influences the relationships between young people, their family and the church have on enhancing spiritual wellbeing, may help us understand important factors that affect resilience and identify spiritual strengths that establish protective pathways for young people, especially those engaged in the Christian spirituality type. These strengths may provide important insights into protective factors that optimise health and wellbeing outcomes, and help reduce negative outcomes associated with risk-taking behaviour. They may also provide important strategies for health care professionals engaged in community health promotion and health policy that have hitherto been avoided and or undervalued due to a lack of evidence concerning the contribution of spiritual

wellbeing to health outcomes (Cotton et al. 2005). It is the ambit of this study to rigorously investigate the importance of spiritual wellbeing to these domains.

Outline of subsequent chapters

The remainder of this dissertation is presented in three parts. Part one, presented over four chapters, provides the overview of the known theory relevant to this case study. In case study strategy 'the articulation of what is already known about the phenomenon is called a *descriptive theory*' (Tobin 2010, p. 288). The descriptive theory reviews the theoretical underpinning of the case study, reviews relevant literature and presents the context of the cases. Understanding the theory context is an important preliminary stage in the instrumental case study because it provides the theory-driven basis of subsequent analysis and theory development. Part one presents the descriptive theory. The descriptive theory of this case study commences with Chapter Two, which reviews the bioecological theory of human development. Chapter Three reviews the health and wellbeing of Australian youth and examines the current indicators and recent trends in youth health outcomes, the determinants of health and the concept of resilience. Chapter Four reviews family strengths, the history of research in family strengths, the impact of the family on health, and the family strength of spiritual wellbeing. Chapter Five disentangles spirituality and religiosity and discusses spiritual development and spiritual wellbeing in detail. It reviews the known relationship between spiritual wellbeing and positive outcomes in life and the ecology of the Assembly of God denomination in Australia, the denomination that this case study concerns.

Part two, over two chapters, presents the implementation of the research, a multi-level case study. Chapter Six presents the methodology underpinning this case study, the use of mixed methods research in case studies and the naturalistic research approach. Chapter Seven then details the research method and the ethical issues applicable in this study. The chapter also includes a review of the results from testing the assumptions of parametric data relevant in this case study. Part two concludes with a discussion on this study's trustworthiness.

Part three, over three chapters, presents the case study report and discusses the study findings. The case report examines the relationships and connections between the young people, their family and local church through thematic, correlation and regression analysis. Chapter Eight has a focus on the deductive analysis of the quantitative data and commences with an introduction to the case study context. Chapter Nine has a focus on the inductive analysis of the qualitative data and commences with an introduction to the six Generation Y people who are the focus of the multicase analysis component. Chapter Ten discusses the implications of the case study report in light of the descriptive theory presented in Part One and proposes a model of spiritual strengths identified in this research. Chapter Ten also presents the propositions and recommendations arising from this study. This dissertation is finalised with an epilogue.

PART I: THE DESCRIPTIVE THEORY

CHAPTER TWO: BIOECOLOGICAL THEORY OF HUMAN DEVELOPMENT

> By enhancing proximal processes and environments, it is possible to increase the extent of actualised genetic potentials for developmental competence (Bronfenbrenner & Ceci 1994, p. 568).

This thesis is based on the bioecological theory of human development proposed by Bronfenbrenner (2001a). Bronfenbrenner is recognised for his outstanding ability to translate the complexities of human development into operational research and practice models such as the internationally renowned Head Start program, a child developmental program for low-income children and their families across the USA (Lang 2005). The precursor model, *ecology of human development*, first published by Bronfenbrenner in 1979, is an extension on the developmental systems framework of human development, which is 'useful for understanding the ways in which contextual extra-familial factors can influence child wellbeing' (Hetherington & Stanley-Hagan 2002, p. 289). Bronfenbrenner passed away in 2005 at the age of 88.

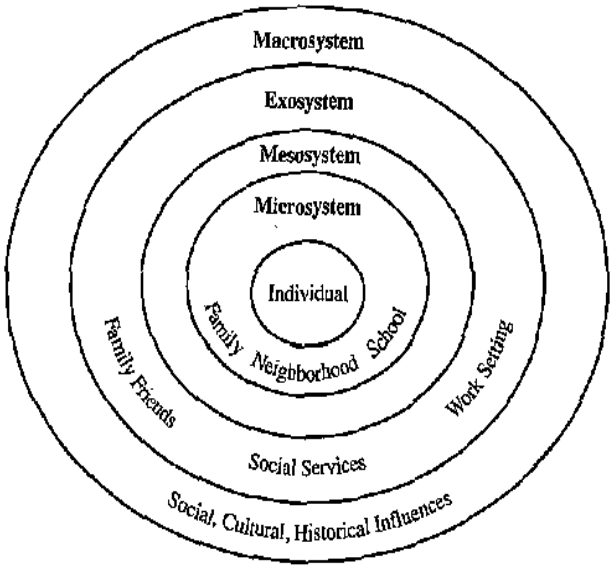
The significant advance introduced by Bronfenbrenner over models of human development at the time, was the holistic integration of interpersonal relationships with larger societal, cultural and political forces in the developmental processes with the intent of empowering development and families through understanding their strengths and needs (Brendtro 2006; Swick & Williams 2006). The ecology of human development involves the scientific study of progressive, mutual accommodation

between an active, growing human being and the changing properties of the immediate settings in which the developing person lives. This process is affected by relations between these settings and by the larger context in which the settings are embedded (Bronfenbrenner 1979, p. 21). The child is used as a reference point for the centre of the ecological model however, development continues throughout the life course.

Bronfenbrenner's original ecology of human development theory explained the important influence of ecology on human development. This concept remains within the more recent bioecological theory of human development. Bronfenbrenner conceptualised the environment as consisting of four interacting systems represented as concentric structures nested within each other (Figure 2.1). These systems are the microsystem, mesosystem, exosystem and macrosystem. Within the environment, human interactions called *processes* occur. The distinction between the environment and the process is fundamental to the bioecological theory (Bronfenbrenner & Ceci 1994, p. 572). The processes are not the environment rather, they occur within it. Together, all the processes and the environments of a person is their ecology.

Processes involving the developing person occur within the microsystem. The microsystem involves the social and physical settings where the developing person experiences interactions (e.g. family, school, church). Two fundamental aspects of the microsystem are the recognition of the developing child's phenomenological experiences within the settings and the role played by the participants. Thus, development and behaviour cannot be understood without reference to the perceived meaning the environment has for the developing child.

Figure 2.1. Bronfenbrenner's ecological systems theory (Spencer 2006).



The mesosystem comprises the interactions between people from two or more settings that pertain to the developing person. Bronfenbrenner (1979) called the mesosystem a system of microsystems. An example of the mesosystem, related to a young person, is the relationship that develops between a youth group leader and the young person's parent(s). Such relationships and interactions that occur across meaningful settings, synergistically affect developmental outcomes through reinforcing resources and promoting stronger bonds (McIntosh et al. 2008).

The exosystem includes settings that the developing person is not an active participant within; however, these settings either influence or are influenced by the microsystem of the developing person. Such systems include the social and health care services available and parental employment settings.

The macrosystem refers to all the settings that exist, or could exist, having a consistent influence on all the other systems. These systems include the larger societal institutions such as the government or the media. The ecology of a developing person consists of all the external influences and processes that impact on human development and affect the family's ability to optimise health and development outcomes for its members (Bronfenbrenner 1979; Spencer 2006). Bronfenbrenner states that in later publications he purposefully replaced the use of the terms micro-, meso-, exo- and macrosystem by a more general language of 'interconnected systems' (Bronfenbrenner 2005, p. 1).

Since the publication of the *Ecology of Human Development,* major advances in understanding the processes of human development have occurred. In 1992 Bronfenbrenner commenced a process through publications of 'explicitly and systematically' (Bronfenbrenner, 2005 p.106) revising and extending his original monograph. This process culminated in Bronfenbrenner publishing the 'foundational principles' of the bioecological theory of human development in 2001 (Bronfenbrenner 2005, p. 1). Bioecological theory focuses on the mechanisms of development, alongside the ecological context, as equal determinants of development. The bioecological theory proposes that by enhancing human interactions and environments, it is possible to increase the extent of potential realised into positive developmental outcomes (Bronfenbrenner 2001b; Bronfenbrenner & Ceci 1994, p. 568). This establishes the basis for understanding young people within their environment as active participants in their development, and in a situation where the interactions are bidirectional and reciprocal. It also

establishes that in human development, the influential environment is not merely the immediate context in which the developing young person resides (the family); rather, it also includes the interactions between people in various settings and the influences from larger surroundings. Lerner (2005) commented that throughout Urie Bronfenbrenner's career he continued to 'bring the features of the developing person into the ecological system' and that the bioecological theory of human development extends the ecological perspective, adding a biological and a chronological element through recognising 'the levels of individual structure and function (biology, psychology and behaviour) fused dynamically with the ecological systems' (p. xiv).

Bioecology of human development theory builds on the older terms, yet the terms remain common in the literature. The focus of the bioecological theory is on the importance of the individual–context relations and how these relations influence the individual's quest for development. The relations within the two interacting systems of the family, and the local church the young person belongs to, are explored in this study. A connection between these two systems is also explored by investigating the parental connectedness to the local church where the young person attends. This dissertation did not research the other interacting systems or the processes within them. When discussing the family and the local church in relation to the participants, the dissertation will use the more recent term 'the interconnected systems' to mean these two systems specifically.

Propositions of the Bioecological Theory of Human Development

Proximal processes are the primary mechanism through which human genetic potential is actualised (Bronfenbrenner 2001a). Proximal processes are defined as 'enduring, reciprocal, highly interactive processes between a developing organism and other individuals or objects in the environment' (Ceci 2006, p. 173). The fundamental resolution of the bioecological theory 'proposes that by enhancing proximal processes and environments, it is possible to increase the extent of actualised genetic potentials for developmental competence' (Bronfenbrenner & Ceci 1994, p. 568). Proximal processes are bidirectional in their influence. The ecology changes the person and the person changes the ecology. Therefore, individuals are active in their own development through selective patterns of attention, action and responses with people, objects and symbols.

There are four inter-related components to the Bioecological Theory of Human Development. Together these four components constitute the 'process – person – context – time model (PPCT) for conceptualising the integrated developmental system and for designing research to study the course of human development' (Lerner 2005, p. xv):

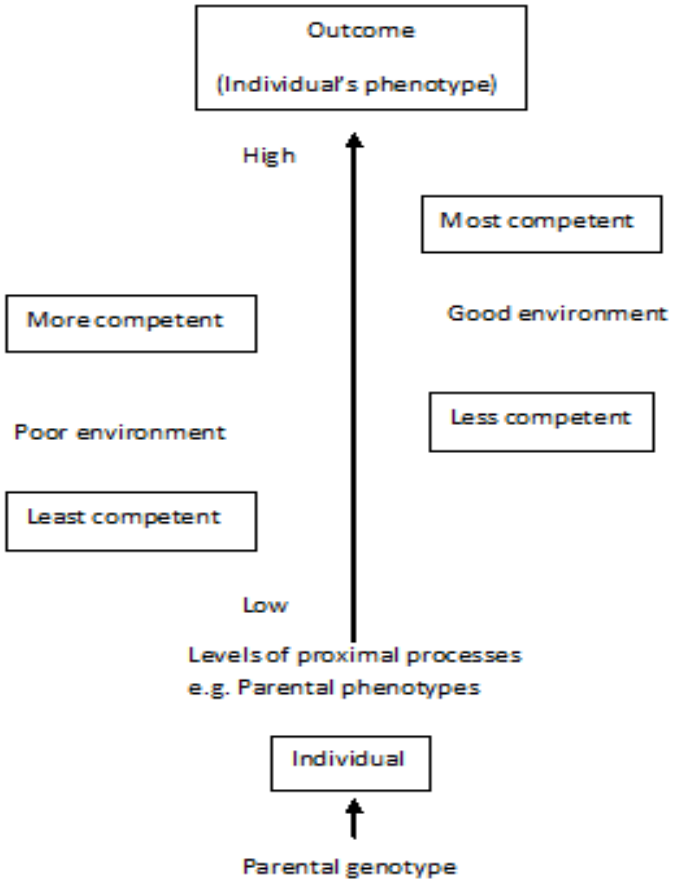
- Component one, the developmental *process*, encompasses the dynamic bidirectional interactions between the person and the ecology. Enduring interactions between two people are called *bidirectional proximal processes*. To be successful in stimulating effective continuous development, processes need to be reciprocal, progressively complex, and occur regularly over an extended time period. Processes are a

function of the changing person, the immediate and more remote contexts, and the time period in which the proximal processes occur.

- Component two is the *person*, who contains genetic, physical, psychological and behavioural characteristics.
- Component three is the *contex*t of human development, which incorporates the interacting systems of the ecology.
- Component four is the element of *time*, also known as the chronosystem.

The bioecological model depicts the four interrelated components (PPCT) to the bioecological theory of human development and provides the basis of understanding the needs of human development (see Figure 2.2). The bioecological model proposes that as proximal processes increase, and as the environment improves, the developmental outcomes are enhanced—as seen in the person's phenotype. All four elements of the PPCT model were incorporated into the design of this research. This project uses a naturalistic approach to explore proximal *processes,* seen in the focus on the influence of relations on spiritual wellbeing. The developing *person* is central and provides the primary data about his or her own experiences. The *context* of spiritual wellbeing is included through exploration of the contextual influences on spiritual wellbeing of two important interacting systems—the family and the church. *Time* is included through the use of life stories across the generations.

Figure 2.2. The bioecological model illustrating developmental competence as outcome (Bronfenbrenner & Ceci 1994)



In bioecological research the phenomenological subjective feelings and personal views of the participants are recognised as elements that drive the progress of human development. Bronfenbrenner (2001a, 2001b) believes that personal experience is a scientifically relevant feature of any environment for human development and an important methodological consideration in any study design. Holistically researching human development will not only include objective data but also the way in which contexts are subjectively experienced by the person. Equal

emphasis on an experiential as well as an objective view should be incorporated into study design.

In the bioecological theory the parameters of the family—the system where the child's first proximal processes occur—are not specified. Rather, mutual ties and connectedness are emphasised as the basis of a family. Within the family, a parent is identified as the fundamental provider of nurturing of the new and developing child, and the provider of the foremost reciprocal relationship (Bronfenbrenner 2001a). The theory also identifies that a committed third party, preferably but not absolutely essentially the opposite sex to the parent, is necessary for the progression of more complex interactions and emotional attachment to develop (Bronfenbrenner 2001a). Strong, mutual, emotional attachment between the developing child and parent motivates the child's initiative for engaging with their world and leads to internalisation of the proximal processes.

Without the presence of a third party in the developing context, a greater risk of developmental problems arises in both childhood and adolescence. Children lacking a significant committed third person within their family 'are at a greater risk for a so-called teenage syndrome of behaviours that tend to be associated together: dropping out of school; involvement in socially alienated or destructive peer groups; smoking; drinking; frequent sexual experience; adolescent pregnancy; a cynical attitude toward work; and—in the more extreme cases—drugs, suicide, vandalism, violence, and criminal acts' (Bronfenbrenner 2001a, p. 6968). The presence of a third person provides a buffer to the development of these developmental problems. The third person may be living within the home or without, e.g. accessible relatives,

available friends and neighbours, members of religious groups, and staff members of family support and child care programs (Bronfenbrenner 2001a). Bronfenbrenner (2001a) summed up this important aspect of development identified by the research as 'in the family dance, "it takes three to tango"' (p. 6968). These concepts are incorporated into the research design through inclusion of the two interacting systems of the family, as defined by the participant and the local church.

Bronfenbrenner (2001a, 2001b) notes that there are many interacting influences and systems that impact on a child as he or she develops. The more that the values, beliefs, customs and expectations of each system overlap and provide a common and consistent view, the more likely it is that the child will adopt a similar way of life to those expounding them. Bronfenbrenner and Crouter (1983) asserted when mesosytems containing the developing child are congruent, they reinforce each other in predicable ways. Boon (2006) demonstrated such predictability through congruence across two mesosystems, family and school, to influence resilience in Australian high school students. Thus it is predictable that a child whose parents and extended family and friends all go to the same church, engage in the same religious and/or spiritual practices and adopt similar values and beliefs, within a supportive environment, will be strongly motivated to follow suit. The child, however, is an active player in these interacting systems and his or her personality, behaviour and responses will in turn influence people in these systems. The strength approach looks at these inter-related systems and explores what it is about them that enhance a child's development.

Genetics, the environment, and human development

Recent research in human development has indicated that genetic makeup does not solely determine human traits; rather, genetic messages interacting with environmental experiences determine developmental outcomes (Rutter 2006). This is an important new concept for the area of human development. Ecological factors affecting biological developments demonstrate how genetic endowment and environmental experiences interact to determine developmental outcomes and human functioning (Neill & Bowden 2004; Vimpani, Patton, & Hayes 2002). The genetic makeup of an individual, called genotype, contains the blueprints for potential development, but not the processes. The processes of actualising genetic potential are found externally. Thus development occurs through interactions between the individual and the environment (Rutter 2006).

Beaver et al. (2009) state:

> although genetic factors have an influence on most phenotypes, including delinquency, most phenotypes are not created by a single gene or even a small number of genes (Rutter 2006). Instead, there is good reason to believe that phenotypic variation is due to a multifactorial arrangement of environmental influences and genetic effects acting independently and interactively (p. 149).

The bioecological theory of human development departs from the earlier developmental science questioning of: 'How much do heredity and environment contribute to development?' to ask: 'How do they contribute? What are the proximal mechanisms through which genotypes are transformed into phenotypes?' (Bronfenbrenner & Ceci 2005, p. 174).

This chapter has reviewed the bioecological theory of human development and identified that by enhancing human interactions and as the environment improves, developmental outcomes are enhanced. The importance of the bidirectional relations between the developing person and the interconnecting systems of the family and the local church has been highlighted. The theoretical basis of how these interconnections and relations may translate into actualising genetic potential and enhancing development and health outcomes has been discussed. Negative health and development outcomes occur when proximal processes break down or are absent, and interacting systems are negligent towards the developing person. The following chapter will explore the health and development trends of Australian young people, review the literature concerning the links between the family, spirituality and youth outcomes, and introduce the concept of using resilience as an indicator of positive youth development outcomes.

CHAPTER THREE: HEALTH AND WELLBEING OF YOUNG PEOPLE

> The plasticity (potential for systematic change) associated with the engagement of the active individual with his or her active context legitimates an optimistic approach to the possibility that applications of developmental science may improve the course and contexts of human life (Lerner 2005, p. ix).

The period of youth is recognised as an important period of change through which the young person moves from dependent childhood to independent adulthood. There are many pathways taken by young people in their transition from childhood to adulthood. Some pathways are likely to be helpful in young people's healthy development, others are not. During this transition, it is a goal of governments to establish pathways that lead towards healthy outcomes in order to assist young people to face life's challenges well (AIHW 2007a). Establishing successful and altering harmful pathways is an important goal of applied health science and health care, as such pathways influence developmental health outcomes. The development and maintenance of these pathways however, appears to be vulnerable to disruptive forces and some young people enter adulthood with established disadvantages. This chapter explores the health and wellbeing of youth in Australia; reviewing current health statistics, examining the concepts of risk, protective factors and resilience, and presenting a conclusion on the current Australian youth health and wellbeing outcomes.

There is conjecture in Australia that there is too high a proportion of Australian youth and children who are not doing as well as could be expected across a range of developmental health and wellbeing measures - either biological, social, environmental or spiritual. Such conclusions are based on perceived reductions in development against expected outcomes (Saunders 2008). The Australian Institute of Health and Welfare (AIHW 2007a) concluded 'the key message from the report (*Young Australians: Their health and wellbeing 2007*) is that most young people in Australia are fairing well but there are still significant areas of concern' (p. vii). These areas of concern include high rates of mental illness, injury (including poisoning and suicide), alcohol use leading to increased risk of alcohol-related harm and rising number of young people in care and protection orders and out of home care (AIHW 2007a, p. xi–xii). Despite this it is encouraging that most young people in Australia are faring well but it remains a concern that not all youth make the transition into adulthood reasonably well and carry scars, living lives of latent if not lost potential.

Li, McMurray and Stanley (2008) identify a trend of coexisting increase in social inequalities and a decrease in human development indicators at a time of unprecedented prosperity within some modern societies, including Australia. Wyn (2009) agrees with Li, McMurray and Stanley (2008) that social conditions and pressure created by modern culture has led to negative patterns of health and wellbeing for young people, both calling this situation a 'paradox'. Blum and Nelson-Mmari (2004) identified that the impact of globalisation on young people includes a widening of income disparities within, and between, countries leading to impoverished families and communities; alterations in values and lifestyles that embrace

consumerism and a shunning of cultural values and traditional systems of support; and adverse health trends including increasing obesity, smoking and HIV prevalence rate (p. 405-406). Carlisle, Henderson and Hanlon (2009) have identified that in modern Western cultures, such as Australia, young people may experience a 'growing sense of individual alienation, social fragmentation and civic disengagement and decline of more spiritual, moral and ethical aspects of life' (p. 1556). Hodder (2009) proposes that the recent individualism that is prevalent in modern society has the effect of isolating young people leaving them to manage personal risk rather than perform roles in a connected community. Evidence is mounting for the detrimental effects of modern living on developmental outcomes in vulnerable youth. Detrimental effects are demonstrated in the unambiguous, widespread and increasing levels of young people living in poverty, displaying poor educational outcomes, delinquency, youth crime, alcohol and drug abuse, violence and teenage pregnancy (Bronfenbrenner & Morris 1998). Changes in the family structure and functioning, life time stresses, and social changes, are just some of the impediments to the formation of secure relationships, which in turn progressively undermine human development potential (Bronfenbrenner & Morris 1998). Such concerns highlight the modern shift from biological causes of morbidity and mortality among youth, to ecological causes (Keating & Hertzman 1999).

The task of further developing key national indicators (or measures) of developmental health outcomes for Australian children is currently being undertaken by the Australian Institute of Health and Welfare (AIHW). Measures of social exclusion and disconnection have been proposed as more sensitive measures than

poverty alone as they reflect the impact of disadvantage (Saunders 2008). One major publication that incorporates these efforts has recently been released—*A picture of Australia's Children 2009* (AIHW 2009). Whilst such wellbeing indicators are in development, the full picture of how well Australian children and youth are faring remains largely speculative. There is however, no doubt that current young Australians' mortality and morbidity rates are a cause for concern. Li, McMurray and Stanley (2008) argue that child and youth outcomes are less than could be expected, considering the unprecedented wealth that Australia has acquired, especially over the past decade. (For an overview of current statistics and trends in risk-taking behaviour and outcomes for young people in Australia see Appendix One.)

The impact of the family on youth health and wellbeing outcomes

A major issue that has had potentially the greatest significance and impact on the outcomes of youth since the beginning of the 20th century is changes in the family structure and functioning. Hayes (2008) critiques the changes in family size and form alongside community and societal changes in Australia asking: have these changes negatively affected children's lives? Hayes recognises that from the early part of the 20th century the Australian family has demonstrated:

- a reduced fertility rate from 3.12 in 1934, up to 3.55 in 1961 and down to 1.81 in 2006; an increased life expectancy from 74.4 at the start of the 20th century to 82.2 in 2006;
- changes in the marriage demographics, including increasing age at marriage from early 20s, to 28 for women and 30 for men in 2005;

- increased marriage breakdown;
- increased variety of family diversity, including an increase in single parent families (predominately headed by the mother) and blended families, where children live with others not biologically related to them.

Hayes (2008) concludes that many changes in Australian families and society have made significant improvements in the lives of young people, but conversely, other family and societal changes have had a devastating impact resulting in an increased incidence of all forms of child abuse. In Australia there were 58 567 substantiated cases of child abuse involving 32 585 children (AIHW 2007a). Scott (2009) reports that there has been a 45% increase in substantiated cases of child abuse and neglect in Australia from 2002–03 to 2006–07. When children are exposed to violence the protective factor afforded by healthy parenting and family connectedness can be negated 'under the weight of multiple and chronic stressors' which include weak community cohesion and connectedness (Aisenberg and Herrenkohl 2008, p. 306). The two major changes of family breakdown and subsequent increased rates of children living with a single parent (predominately the mother), are a major contributor to disadvantage for many young people. It has been speculated that such disadvantage stems from the lower economic status typically experienced by female single parent families and ongoing family disharmony (Wise 2003).

There has been much research with families exploring how the family affects health outcomes. The impact that the family can have on members has been clearly identified in a wide range of areas, including intellectual development, emotional and

physical health, and social wellbeing. Eastman's seminal work on the family (1989) conducted extensive Australian research into family impact on health and wellbeing, across a wide range of indicators, and concluded 'there can be little doubt that family factors are significant contributors to the health of individuals and communities' (p. 37). Scholars continue to support and strengthen these earlier conclusions. The Longitudinal Study of Australian Children (LSAC) (Sanson et al. 2002) recognised that 'families make a major contribution to the health and wellbeing of individuals across their lifespan, from conception to old age' and that 'there is a range of family factors that may impact adversely on the development, health and wellbeing of children and young people' (p. 16). Recent analysis of how families influence health outcomes has focused on family cohesion—the emotional bonds that connect family members together—identifying that low family cohesion is associated with mental health problems, suicide and substance abuse among young people (AIHW 2007a). Changes in family cohesion, such as those that lead to family separation, appears to have a stronger influence on youth outcomes than family structure alone, although family structure is closely entwined with family cohesion and stress (Wise 2003).

Most research with families has focused on identifiable problems or trouble, endeavouring to isolate family deficits and the negative impact resulting from various family interactions, parenting styles, family types and dislocations. Risk factors that correlate with negative outcomes for both the family and the individual have been well documented. They include family breakdown, experiences of abuse, family discord, death of a parent and parental mental health (Beautrais 2000; Bond et al. 2000;

Moore et al. 2002; Spencer 2000). Such findings have demonstrated the scope of the problems and challenges that many families and young people face.

Determining risk

Research has shown that many health and wellbeing outcomes are vulnerable to various risk factors and amenable to protective factors (Wilkinson & Marmot 2003). Many authors have grouped these factors under three domains—personality, familial and social (AIHW 2007a; Benson et al. 2006)—providing a framework of risk and protective factors to intervention that can enhance young people's resilience and moderate risk factors. The effect of protective factors is strong, with evidence to support the conclusion that a greater number of protective factors, regardless of the number of risk factors, lowers the risk of reduced developmental health outcomes (Blum & Ireland 2004; Cahill et al. 2004). Catalano et al. (2004) conclude that 'many youth outcomes, both positive and negative, are affected by the same risk and protective factor' (p. 101), providing a theoretical understanding to the interplay between factors and why strengthening protective factors is 'likely to prevent problem behaviour' (p.101).

This discourse of risk and protective factors, however, is not without criticism. Some risks known to have strong correlations to negative health outcomes may be mediated through other factors that negate the risk for some people (Godin 2006). Patterson and Lupton (1996) believe that the decision to identify a risk as being undesirable is constructed through social, cultural and political processes. This is disempowering to the individual and allows allocation of blame based on association

with risk taking. Lupton (1999) further argues that risk findings tend to categorise groups of people as 'problems' without any effort to understand the individuals within these groups. Although protective factors can modify the effects of risk factors and generate wellbeing, the ways in which various protective factors and risk factors interact is not known (Wise 2003, p. 15). For example, research shows that even after extended exposure to severe negative experiences, children demonstrate variations in their long-term outcomes (Wise 2003). Despite the research evidence and growing concerns, little is known about the processes that protect adolescents and young people from engaging in risk-taking behaviour, and optimise health and wellbeing outcomes (AIHW 2007a).

One major research project exploring the ecological pathways of antisocial behaviour, the Australian Temperament Project (Smart et al. 2003), identified that the early adolescent years appear to be a crucial time of transition and for pathways developing towards antisocial behaviour. Smart et al. (2003) suggest that interventions aimed at optimising developmental outcomes of youth may include developing interpersonal skills, improving relationships between adolescents and parents, assisting families to remain intact, assisting parents to develop parenting skills, and finding ways to enhance connectedness at school (Smart et al. 2003). Whilst it is realised there is a potential of stigmatising young people through the discourse of risk, historically the risk framework has stimulated research exploring pathways and outcomes of behaviour. Such research exploring risks often identified protective factors and strengths in people's lives—moving towards an understanding of resilience. (For an ecological model of risk and protective factors proposed by

Blum and Ireland in 2004, see Appendix Two.) Recent research has also begun to explore characteristics of positive youth development. Hawkins et al. (2009) reported the first Australian evidence of markers that they believe indicate positive youth development. These markers are: civic action and engagement; trust and tolerance of others; trust in authorities and organisations; social competence; and life satisfaction.

Resilience

Resilience is a concept that has gained much popularity in both research and popular society since pioneer researchers, for example Garmezy (1985) and Rutter (1987), expanded the emerging field and explored protective factors that may predict resilience for children (Goldsteine & Brooks 2005). During the past twenty years resilience has gained increasing popularity in the literature, research and popular media for its promise to help develop positive developmental outcomes from life, especially following adversity (Wagnild 2009). Resilience however, has proven to be difficult for researchers to study. Maginness (2007) identified:

> As a construct it (resilience) has been examined at length but there is a sense that it is not research compliant as researchers have struggled to deconstruct or understand it with ease. There has been some success in the identification of certain characteristics associated with resilient functioning but this has not led to a sense of confidence with regard to the prediction of who will be resilient when faced with adversity and when resilience might be displayed (p. 2).

Initially resilience was seen as a characteristic of an exceptional individual, and focused on individual personality and variations in response to adversity. Adding to personal characteristics, behavioural outcomes in the face of adversity were

proposed as useful indicators of a resilient person. Adding the risk and protective framework to early understandings led to the development of a summative approach that identifies resilient people, whether they have experienced adversity or not. This signified a shift away from resilience being understood as an outcome following adversity, to resilience as a protective factor that can be nurtured prior to adversity (Maginnes 2007). Kralik, van Loon and Visentin (2006a) however identified that for people learning to adapt to life with a chronic illness, resilience is neither a personal attribute or a coping skill that is taught. Rather resilience is a transitional process 'of reflection, learning and action focused towards overcoming adversity' (p. 199) which occurs best in a supportive culture that fosters connectedness and opportunities for participation.

As a protective factor, resilience is understood as a process by which individuals utilise personal characteristics and ecological resources which enables them to successfully reflect on and negotiate adversity (Benson, Roehlkepartain & Rude 2003; Kralik, van Loon & Visentin 2006b). Resilience is a dynamic process across contexts and throughout life (Clay, Silberberg & Cannon 2004; Gartland et al. 2006; Masten 2007; Olsson et al. 2003). Clarke and Clarke (2000) believe that resilience is apparent when, against common expectations, children maintain developmental health within, or accelerate markedly after, adverse situations. Thus, resilient people are proposed to be able to negotiate their life journey, despite inevitably encountering some form of adversity, along pathways that lead to positive outcomes and optimal development health.

Protective factors associated with resilience can be classified under two broad domains: personal attribute and external interacting systems. Firstly, resilience researchers have identified attributes in resilient people, including patterns of thought, personality traits, social skills, coping mechanisms, perceptions and decision making ability, in response to stressful situations (Agaibi & Wilson 2005; Wagnild 2003). Some attributes of the individual can be learnt, others appear to be inherent and reside at the level of the individual's biology. The second broad domain of factors influencing resilience is at the level of interacting systems external to the person. These systems include the family, friends, school, and local community (Clay, Silberberg & Cannon 2004; Friborg et al. 2003; Wade 2007). According to Masten (2001), the point of greatest consensus in the research into resilient children, is having a solid relationship with a competent and loving adult. Ahern (2006) proposes that adolescent resilience is an outcome derived from the interactions between the attributes and characteristics of the adolescent, experienced risk factors, the available sources of social support including their family, and available community resources and health promoting interventions including education. Resilience provides the circumstances and skills that permit positive growth over time to occur.

Unpacking these domains and elements of resilience helps understand how resilience operates and what the assessment of resilience attempts to measure. Both personal inborn attributes, and the connectedness and cohesion to interacting systems in the ecology, act collectively to promote or diminish resilience. Personality characteristics that are genetically determined may not be alterable, but many are measurable. Resilient strategies involving personal behaviours, however, can be

learnt and moderate ineffective personality traits to the extent that natural tendencies may be negated. Effective strategies that promote positive outcomes following adversity include positive cognition, problem solving, goal setting and receiving external support through meaningful relationships (Edwards, Mumford & Serra-Roldan 2007). Farrell (2007) reported that optimism is demonstrated as important for resilience. Such learnt behaviours can be evaluated through self reporting or observations. The availability and self reported connectedness to interacting support systems are also measurable.

Through a review of the evidence for factors previously identified as positively impacting on resilient outcomes, Gartland (2009) identified 'involvement in religion' as a possible factor and reported 'the evidence for the positive association of religiosity and resilient outcomes was not conclusive' (p. 66). The evidence Gartland (2009) examined relating to religious involvement revealed four studies reporting a positive effect, four studies reporting no impact, whilst no studies were identified reporting religious involvement having a negative impact on resilient outcomes (p. 52–66). Reviews of the associations between spirituality and resilience considers involvement in religion as an external interacting system. Sparse consideration is evident for spiritual wellbeing as a personal attribute, either as a learnt skill or as inherent. The sparse consideration of spiritual wellbeing or spiritual development, beyond the realm of an external religious system, is a result of a lack of clarity and sparse evidenced based research findings in the literature concerning spiritual wellbeing. Crawford, Wright and Masten (2006, p. 356) also identified that 'the empirical literature linking

religion and spiritual behaviour to resilience remains sparse'. Instead of including religious involvement in the ARQ, Gartland (2009) recommended:

> where researchers have an interest in this area, it may be more beneficial to combine a specific measure of religiosity with the resilience questionnaire, thus providing more detailed data and facilitating greater understanding of the processes occurring (p. 66).

This appears to be the most appropriate action at this time. Religious participation however, is just one aspect of the spiritual domain that may influence resilience. Edward (2007) in a study exploring the phenomenon of resilience as described by people who have experienced mental illness identified that for the participants in her study one of the factors individuals utilised to successfully adapt to life in the context of such an experience involved 'having hope and faith, being spiritual, having courage and being optimistic…and at times being naïve or being "the fool"' (p. 104). Edward (2007, p. 106) further reports:

> Faith and hope as a coping mechanism have been observed to be a powerful resource in providing individuals experiencing illness or mental disorders with a sense of relief, calm, and peace (Kelly, 2004). While the notion of being spiritual in adaptation and adjustment to illness is mysterious, the benefits in terms of assisting individuals to transcend the adversity of their situation have been demonstrated in literature (Attig, 1996; Kelly, 2004).

There remains a need for researchers to study spiritual development and spiritual wellbeing from a perspective that considers the possible association between resilience and the internal factors of spiritual wellbeing and spiritual development, as opposed to religiosity and religious development. Chapter Five elaborates on

religiosity and spiritual wellbeing and how such a distinction may be important in this debate related to the factors of resilience.

One important finding from resilience research is that neither available resources, nor individual skills alone, can promote developmental health and thriving after a post-traumatic event or life course stressor. Ahern (2006) proposes that adolescent resilience promotes health over time through reducing risk behaviours and factors, strengthening protective behaviours and factors, and building on strengths and resources both internally (such as developing interpersonal skills) and externally (enhancing connectedness to family, other caring adults, school and other community groups). Individuals access available support systems and resources through effective interpersonal skills and sustained bidirectional relations over time. Resources are necessary, but without the personal skills or means to effectively access these resources, they remain unutilised. On balance then we can say that the more personal attributes people have, the more able they are to make the best use of any protective factors they have and to counter prospective risk factors. This will put them in a better position to maximise their life outcomes and fulfil their potential. This framework of trying to increase protective factors, decrease risk factors and increase personal attributes provides positive direction for promoting health and wellbeing in young people. However, without individual contextualisation, the activities may be ineffective since resilience is a contextually specific and culturally based construct.

Not all identified protective factors, however, will have an influence on resilience. Identifying which of the many variables are most important in resilience remains a challenge. The synergistic effect arising from the balance of risks and

protective factors is also unknown. It is overly simplistic to believe that if someone had more protective factors than risk factors, that the balance will be towards resilience and thriving. This, unfortunately, is not the case and people thrive with seemingly overwhelming stress and risk in their lives, with few apparent protective factors. Others apparently in the reverse situation experience major negative life outcomes, despite experiencing problem free childhoods (Smart et al. 2005). None-the-less, protective factors and strengths demonstrate powerful moderating ability and demonstrate that reducing risk factors and increasing protective factors (strengths) enhances developmental outcomes (Birleson, Luk & Mileshkin 2000).

A classic feature of a resilient person is his or her ability to bounce back, cope and deal with stressful or challenging situations. Resilient people adapt and change to situations or challenges; such changes are thought of as personal growth. People with high levels of reported resilience overcome hardships at greater levels then people with low levels of reported resilience. High levels of resilience decrease the chances of developing mental illnesses such as depression and anxiety. Resilience may help offset certain risk factors that can increase the likelihood of experiencing a mental illness, such as lack of social support, being bullied, or experiencing abuse (Mental Health Association of NSW 2009)

Many researchers have focused on studying the relationship between resilience and a person's ability to overcome hardships. These studies often show that people who report high levels of resilience have been able to adapt to life in the face of setbacks, at greater levels than those with low levels of reported resilience. Resilience has been shown to be prognostic of recovery from mental illness and

relapse rates. Resilience is also proposed to be a potent predictor of a person's ability to cope with present and foreseeable difficulties (Friborg et al. 2003).

Resilience measures are dynamic, rather than static, as they incorporate a wide range of variables that can alter over time. Despite such complexity, commonly observed attributes correlated with resilience have shown to be remarkable stable over time (Masten 2007). Such identifiable correlates of resilience allows for measurement, although measurement of resilience has proven difficult for researchers and clinicians. Resilience measures attempt to take an interconnected systems (or a process) approach, where the dynamic interactions between the variables is as important as the number and type of variables.

There is now a steadily growing research and literature base about resilience from diverse fields. Understanding the positive outcomes resilience affords during and after adversity, makes it a much needed protective factor in the lives of people, families and communities. The hope that promoting resilience will lead to enhanced wellbeing and, subsequently, reduced illnesses, such as depression and stress related disease processes, is a major objective of applied health researchers and clinical health practice.

Relationship between spiritual wellbeing and developmental health outcomes of young people

Research is clearly identifying spiritual wellbeing as a health promoting and protective factor. Kaldor et al. (2004) found that a spiritual orientation is positively linked to various aspects of wellbeing. De Souza, Cartwright and Mcglip (2004) reported that

spiritual expression of 16–20 year olds is linked to connectedness to family and friends and promotes a sense of self-worth; helping youth to find meaning and purpose. Welding, May and Muir-Cochrane (2005) conducted a phenomenological study investigating spirituality with six adults who had experienced mental illness. They reported that spirituality can be life sustaining, preventing suicide and providing meaning in life. Webb (2005) identified from personal experience and research that spirituality is central to recovery from suicidal thoughts. These Australian research findings all indicate that spiritual matters contribute towards positive outcomes in life and that spirituality is a pathway that can enhance health and wellbeing outcomes.

International evidence also supports the Australian findings that there is a relationship between spiritual matters and developmental health outcomes. In the USA, the National Study of Youth and Religion (Smith & Kim 2003) reveals that growing up religious makes a positive difference to the way adolescents relate to society and to their emotional wellbeing. In addition they found that those in early adolescence who live in families that participate in religious practices with one another demonstrated stronger family relationships. Religiously active teenagers have demonstrated less participation in risk-taking behaviour, increased health outcomes, enhanced self-esteem and positive attitudes to life in general, compared to non-religious teenagers (Bond et al. 2000; Smith & Kim 2003). Calvert (2002) found that being involved in community activities (i.e. religious groups or sporting clubs) was a protective factor for adolescent delinquency. Blum and Ireland (2004) and Blum, McNeely and Nonnemaker (2002) discuss research findings that attest to the complex positive links between spirituality, religiosity and health behaviours, youth

health outcomes and resilience. Cotton et al. (2005), in one of the few research studies on youth spiritual wellbeing, report that adolescents with higher levels of spiritual wellbeing displayed fewer depressive symptoms and engaged in less risk-taking behaviours. Lerner et al. (2006) concluded that 'contemporary scholars of adolescent development are pointing to the implications of religiosity and spirituality on positive youth development' (p. 65).

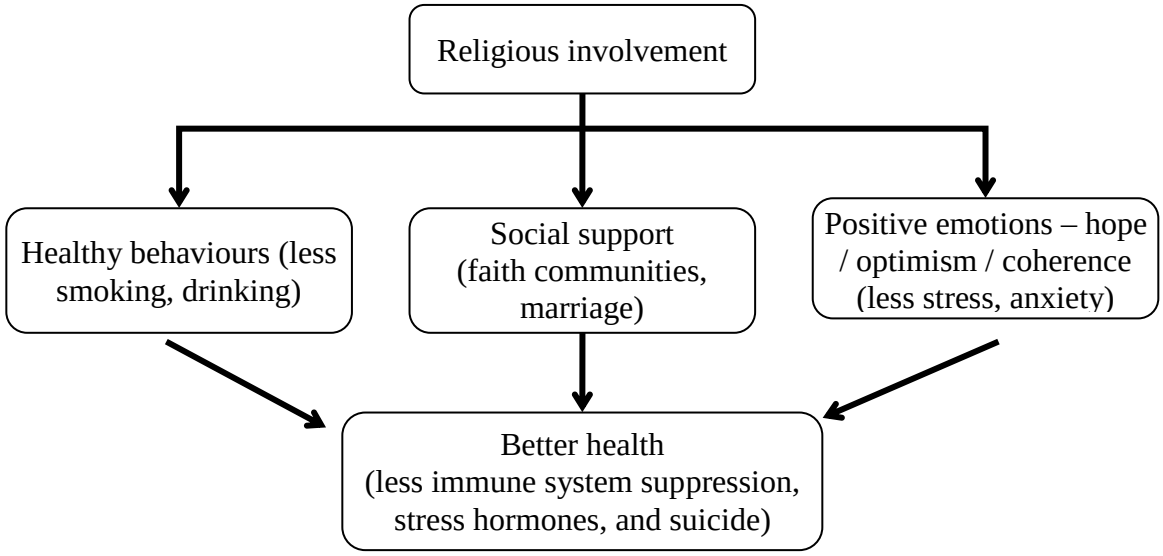
In a major review of the links between religious involvement and human flourishing, Myers (2008) found that people who engaged in religion experience greater happiness and life satisfaction, report less depression, and recover faster after loss and life crises than non-religious people. They are also less likely to be involved in delinquent behaviour. Both males and females have greater life expectancy, recover from illness better and live healthier lifestyles. In conclusion, Myers (2008) states:

> expressed religiosity in the Western world does, nevertheless, exhibit positive correlations with happiness, coping with loss, character virtues, volunteerism, charitable giving, and health. Religion is a package variable that, psychologically speaking, encompasses social support, meaning, existential terror management, and health promoting behaviours (p. 338).

Research evidence demonstrates consistently positive correlations between religious involvement and developmental health outcomes for all ages. The effect of religion on stress hormones and immune system functioning has been proposed as one explanation of these religion-health correlations. Myers (2008) has depicted one such explanation in Figure 3.1.

Despite these links to developmental health outcomes, recent Australian resilience research has not included spiritual wellbeing or religious involvement as attributes associated with resilience. This begs the questions: Is spiritual wellbeing an important personal attribute that optimises the individual's ability to be resilient? and, Should resilience work incorporate spiritual wellbeing further? This research project intends to help address this gap in understanding the relationship between resilience and spiritual wellbeing.

Figure 3.1. Possible explanations for the correlation between religious involvement and health/longevity (Myers 2008, p. 338)



The literature indicates that young Australians face a number issues that can threaten their health and wellbeing. Some are buffered from these challenges by the family and community networks and by their own spirituality and resiliency, others are

not so fortunate. Young Australians are facing persistent challenges to their potential. The challenge that may impact on youth potential the greatest is family changes. The persistent and increasing rate of young Australians experiencing disadvantage and abuse, resulting in a reduction in their developmental outcomes, is alarming and unacceptable. The concern relating to the reduction in youth potential and developmental health appears real for at least a significant proportion of Australia's young people. In Australia all indicators of development should be dramatically improving when risks that reduce potential for youth decrease. This is not the case.

Chapter Four will focus on the family, exploring family functioning from a strengths perspective, and focus on the family strength of spiritual wellbeing and the impact of the family on the developmental health of young people.

CHAPTER FOUR: THE FAMILY STRENGTH OF SPIRITUAL WELLBEING

> The heart of our social system is the family. If we are to maintain the health of our society, we must discover the best means of nurturing the heart. What does a family system need to grow and succeed? What do children, our society's future, need within that system to thrive? (Bronfenbrenner 1988, p. 143).

The previous chapter indicated that the most significant social change affecting children and young people in Australia, since the start of the 20th century, is changes in the family. Chapter Three reviewed the changes in Australian families and made links between these changes and youth outcomes. This chapter will explore family functioning in greater depth, by exploring the definition of a family, review what is known as 'family strengths research' and introduce the international family strengths model. This chapter concludes with a focus on the family strength of spiritual wellbeing.

Defining the family in Australia

The concept of a family is not purely a sociological grouping of people deriving meaning from human conception and traditions. Families are more than this. Practitioners and researchers realise that the family is the most fundamental and primary social unit for its members, on which the community is reliant (Edgar 2000). When defining the family, the parameters, which can be either exclusive or inclusive,

need to be identified. Exclusive definitions recognise a narrow parameter of the family. The Australian Bureau of Statistics (ABS) defines a family as

> two or more persons, one of whom is aged 15 years and over, who are related by blood, marriage (registered or de facto), adoption, step or fostering and who are usually resident in the same household. Identifying the presence of a couple relationship, lone parent-child relationship or other blood relationship, forms the basis of a family. Some households will, therefore, contain more than one family (Pink 2008).

Alternatively, Olson and DeFrain (2006) propose an inclusive definition of the family that they advocate reflects modern family trends, i.e. 'two or more people who are committed to each other and who share intimacy, resources, decision-making responsibilities and values' (p. 10).

Following the naturalistic approach outlined in Chapter Six, theoretical definitions and limitations on family parameters will not be imposed in this study. The families participating in this research will be entitled to identify their family members themselves. As the case study requires attendance at a common church, participants may display shared spiritual beliefs and potentially shared common beliefs, in recognising family parameters acceptable to them as a group. No efforts in a case study are made to ensure that the case study is representative of the broader Australian community.

Family strengths research

Risk-focused research can lead to the belief that youth and families are troubled, and focus on highlighting what not to do. As a result of these findings, health care and

health promotion tends to emphasise treating the identifiable risks, highlighting negative attitudes, eliminating behaviours related to risk, and warning those not already engaged in the risky behaviour of the dangers. As noted earlier, prominent researchers and health professionals are moving from a risk reduction approach to the strengths-based approach in research and practice involving young people.

Strength-based or asset-focused researchers attempt to identify what families are doing well and what they can do to optimise positive outcomes. DeFrain (1999) identified that there is a growing trend to research families from a 'family strengths framework'. Olson and DeFrain (2000) identify that the family strengths framework 'focuses on how couples and families succeed rather then on why they fail' and that the 'perspective arose from the notion that strong families can serve as models for other families wanting to succeed' (p. 90). Olson and DeFrain (2006) also believe that if researchers focus on studying the problems of families in crisis, they will find only problems in families. But if they are interested in finding family strengths that other families can learn from, then they must study strong families. The family strengths framework is a positive approach to family research, looking at how they succeed and promote resilience. It proposes that all families have strengths, that these strengths develop over time, and that strengths can be encouraged within all families (DeFrain & Asay 2007b).

According to DeFrain and Asay (2007a) the first formal research in family strengths was conducted by Woodhouse when, in 1930, he published his findings from a study with 250 successful families. Research from the family strengths framework, however, generated little attention until Otto began to revive interest in the

approach during the 1960s, followed by Stinnett and Sauer in the 1970s. Curran (1983), Stinnett and DeFrain (1985), Olson et al. (1989), Xie et al. (1996) and Geggie et al. (2000), have all pioneered research with strong families in different countries around the world. From this research, healthy families report that family strengths enhance family stability and functioning and are an important part of healthy family life.

At the core of the family strengths framework is the concept that families function best through operational strengths that afford benefits. Whilst there is no commonly accepted definition for family strengths, Moore, Whitney and Kinukawa (2009) identifies family strengths as 'the set of relationships and processes that inherently satisfy, support and protect families and family members, especially during times of adversity and change' (p. 1).

Research has shown that various family strengths have a positive impact on young people's development, health, wellbeing, self esteem and educational outcomes (Eastman 1989; Moore, Whitney & Kinukawa 2009; Olson & DeFrain 2006; Resnick et al. 1997; Smith 1995). Children with high self-esteem, positive social orientation, strong families and external community support, have been identified as being able to cope more effectively with life changes than children without these protective factors (Wolkow & Ferguson 2001). Family strengths are protective factors that increase resilience to major life stressors (Blum 1998; Hawley 2000). There is emerging strong evidence for the importance of helping families develop family strengths to promote health outcomes (Feeley & Gottlieb 2000). Moore, Whitney and Kinukawa (2009) examined four distinct forms of family strengths: close and caring

parents; parental monitoring/supervision and awareness; parental involvement; and positive parental role modelling. Moore, Whitney and Kinukawa (2009) identified that 'outcomes for adolescents are significantly better when they live in families with the strengths identified' and the importance of family strengths for positive adolescent outcomes holds true for 'adolescents in lower-income families, not just affluent families' (p. 4). Overwhelmingly, foremost researchers and health advocates conclude that family strengths assist families to develop resilience, help overcome life challenges and crises, and provide significant health and wellbeing benefits.

The International Family Strengths Model

The underpinning family strengths framework used in this research is the International Family Strengths Model (DeFrain & Asay 2007a). This model identified that strong families demonstrate six major qualities. These are:

1. appreciation and affection;
2. commitment to the family;
3. positive communication;
4. enjoyable time together;
5. spiritual wellbeing; and
6. successful management of stress and crisis.

Not all families demonstrate all six qualities and the attributes related to each quality may alter from one family to another. An important attribute of family functioning is family cohesion, defined by Olson and Gorall (2003) as 'the emotional bonding that couple and family members have towards each other' (p. 516). Olson

and DeFrain (2006) identified that a positive emotional connection towards one another unites families allowing people to sacrifice for each other's wellbeing. Another attribute that researchers have identified is connectedness. Walsh (2003) and Resnick, Harris and Blum (1993) corroborate that connectedness and family cohesion are important for effective family functioning. Moore et al. (2002) found that 'family strengths help to maintain family cohesion, while also supporting the development and wellbeing of individual family members' (p. 3).

The family strength of spiritual wellbeing

Family strength researchers have not developed a common language that describes the phenomena related to spiritual wellbeing that they explore. Olson and DeFrain (2000) state 'perhaps the most controversial findings of the family strengths researchers are the importance of religion or spirituality in strong families. Some families call this spiritual wellbeing' (p. 95). In discussing the family strength that relates to religiosity and spirituality, the international family strengths model uses the term 'spiritual wellbeing' as an umbrella term. Spiritual wellbeing within the international family strengths model describes a group of related functional activities or concepts that families have consistently articulated as being important to them in their search to find meaning and purpose. Some families speak of religion, some of spirituality, some of spiritual wellbeing, some of faith, some of purpose and connectedness, and some of hope and future directions (Olson & DeFrain 2006).

The international family strengths model does not limit spiritual wellbeing to defined parameters; rather, it allows each family to identify the definition and

significance of spiritual wellbeing for themselves. At times, families include organised religion; however, spiritual wellbeing in this sense is not exclusively related to religion or religious activity (Joronen & Astedt-Kurki 2005). Sub-qualities of spiritual wellbeing include hope, faith, humour, compassion, and oneness with human kind, having a shared faith, and ethical values. Regular church attendance, reading the Bible and praying together as a family or individually are also important sub-qualities of spiritual wellbeing (DeFrain & Asay 2007a, 2007c).

Other family strength researchers have identified spiritual wellbeing within the international family strengths model as 'spirituality', 'religiosity', 'religious practices' or 'spiritual health', with almost universal agreement that spiritual matters are an important family strength. Berkey and Hansen (1991) believe that spiritual health in families is identified by 'a commitment to a unifying life force or higher being…trust, integrity, principles and ethics, the ability to love and be loved, the purpose in life (and) feelings of selflessness' (p. 34). Berkey and Hansen (1991) also identified that the family strength of spiritual health is the aspect of family life that appears to wield the greatest influence on a family member's individual health outcome, because it may provide the supporting mechanism or basic structure for all other variables of life and health to develop (p. 33).

Curran's (1983) model of family strengths identified 20 family strengths found in healthy families. Three of the 20 family strengths relate to Stinnett and DeFrain's quality of spiritual wellbeing. These are: has a shared religious core; teaches a sense of right and wrong; and values service to others. In a major review of current

knowledge about the constructs associated with family strengths, Moore et al. (2002) showed that the family strength construct of spiritual wellbeing includes:

a) Moral training:

- teaching obedience, discipline and loyalty;
- fostering respect for self and tolerance of others; and
- teaching responsibility and honesty.

b) Behaviours and time use:

- family rituals and holidays;
- family participation in spiritual/religious programs; and
- family membership in a religious institution or group.

In 1999 the Family Action Centre in Newcastle initiated the first Australian research to identify Australian family strengths (Geggie et al. 2000). The aim of this project was to determine which qualities Australian families perceived as family strengths, and the language families used to describe these qualities. This resulted in the development of the Australian Family Strengths Template (AFST).

The AFST is founded on eight qualities, seven of which were identified in the study as family strengths, with the eighth quality, resilience, the by-product of operational family strengths. The seven family strengths are: togetherness; sharing activities; affection; support; acceptance; commitment; and communication. In this pioneering Australian research, similarities with findings from family strengths-based research around the world can be seen. The sub-qualities related to spiritual wellbeing, as articulated in the international family strengths model , were also identified as important to Australian families. The AFST identified that families' shared

values may be expressed through religion and that sharing similar values induces a sense of togetherness and belonging, which enhances family resilience (Silberberg 2001).

In conclusion, spiritual wellbeing has been identified by families around the world as an important family strength, yet there is a paucity of research directly focused on the family strength of spiritual wellbeing, especially within Australian research. Chapter Five will focus on exploring spiritual wellbeing and disentangle the four concepts of spirituality, religiosity, spiritual wellbeing and spiritual development.

CHAPTER FIVE: THE ECOLOGY OF SPIRITUAL WELLBEING

> Arguably, spirituality and religiosity are the only mental and behavioural characteristics that are distinctly associated with human beings. For instance, characteristics of functioning, such as love, hate, language, caring, cognition, temperament, personality, and purpose, can be found operationalised in other species. However, the commitment to ideas or institutions that transcend the self in time and place is the essence of spirituality (Lerner et al. 2006, p. 60).

The previous chapter reviewed the functioning of the family from a family strengths perspective and focused on the family strength of spiritual wellbeing. This chapter will explore spiritual wellbeing in more detail. The chapter commences with an overview of the field of research and disentangles the four major domains of religion, spirituality, spiritual wellbeing and spiritual development. The chapter also reviews the known associations between spiritual wellbeing and developmental health outcomes. Since the participants of the case study in this thesis belong to the denomination of the Assembly of God in Australia, the history and governance of this denomination will be briefly reviewed. This provides a contextualisation of the case and enhances understanding of the subsequently presented case study report.

Although there is a long history of studying religion and spirituality, research has tended to be from an historical or theological framework rather than from the social sciences. Social science research in this area started to emerge in a more

serious way in the 1960's but it was still marginalised and disjointed with few seminal works throughout the 20th century (Paloutzian 1996; Roehlkepartain et al. 2006a). Smith (2003) and Hyde (2008) both identify how historically researchers reduced religion and spiritual phenomena to a bi-product of other domains such as social class or race or neurobiology. Other fields that have emerged out of biomedical and scientific models, such as nursing and psychology, struggle with an inability to reduce and manipulate the phenomena in a measurable way, in line with the theoretical underpinning of the field. This relegation of religion and spirituality to a bi-product of other phenomena diminishes the significance of religion and spirituality, particularly within the traditional scientific community (Hyde 2008). Cohen, Shariff and Hill (2008) argue that despite the well recognised consistent relationship between religious beliefs and health and happiness, psychology continues to marginalise and neglect full investigation of the field. Religion has been marginalised and spirituality has been dismissed as something less than rational (Scarlett 2006, p. 25). This marginalisation of spirituality 'has limited our capacity to fully understand the person in its entirety at all points in the life span and within its multiple social, cultural, and national contexts' (Roehlkepartain et al. 2006a, p.2).

Despite synthesis into a developing body of work on religion and spirituality, consensus regarding terminology, operation into research, and the scope of the field, is yet to be reached. Hay, Reich and Utsch (2006) identify that one main controversy relating to the study of religion and spirituality concerns the lack of definition clarity. Religiosity and spirituality are terms used in the literature that are poorly defined, with little consensus. In the seminal work, editors Roehlkepartain et al. (2006a, p. 6)

encouraged contributing authors to ‘articulate their own approach and assumptions’ in an attempt to enrich understanding from the diversity. Likewise, this project has provided definitions and assumptions that guide this research and place the work within the field in a transparent manner (see Glossary). Traditionally, studies of religion tended to place it at the centre of the work and examine how individuals respond to the demands and application of differing religions. Rather than exploring how religion identified in this research operates, or how the people included in this case study respond to the demands of the church they attend, this research explores the relationships, practices and contextual factors identified by the participants as important to their spiritual wellbeing.

Disentangling spiritual development, spirituality, religiosity and spiritual wellbeing

Chapter One identified the current confusion and ambiguity over the use of differing terms related to spiritual matters. This dissertation has sort to address this problem through the provision of a glossary of major terms. Religion is often understood to involve prescribed rituals that are taught by institutions, whereas spirituality involves personal feelings and experiences and occurs within oneself (Mason, Singleton & Webber, 2010). Religious activity usually has the intent of pleasing a creator or supreme being and acting in accordance with the doctrine/teachings of the religion practised (Zinnbauer, Pargaent & Scott 1999). Mason, Singleton and Webber (2007) define spirituality as ‘a conscious way of life based on a transcendent referent’ (p. 39). The terms, spirituality and religion, may be used interchangeably in some studies

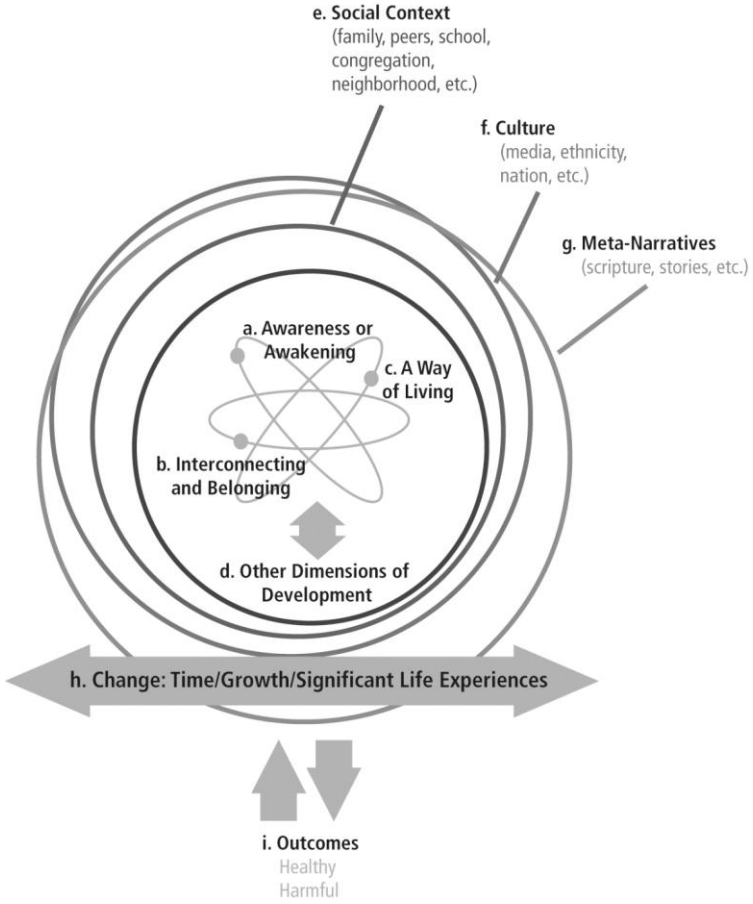
whilst other researchers attribute quite separate and distinct meanings to religion and spirituality and attempt to measure both constructs separately (Bouma 2003; Christensen & Turner 2008; Fosarelli 2002). Berry's (2005) critique of common methodological failings in studies of religiosity and spirituality identified 'the first key criticism… is the failure to consistently, clearly, and conceptually define the constructs' (p. 628). When comparing results from research in the areas related to religion and spirituality, it is important to understand how the different constructs are managed in the research.

Roehlkepartain et al. (2006a, p. 4) have identified that 'bifurcation of religion and spirituality has both proponents and detractors'. Marler and Hadaway (2002) have shown that in studies where participants were asked to identify their concept of themselves, and forced to differentiate between being religious or being spiritual, they were unable to consistently align to one or the other option. However, when participants were offered the choice of being both spiritual and religious, Hay, Reich and Utsch (2006, p. 46–47) reported 64–74% of participants identified themselves as being both religious and spiritual, while only 4–19% participants identified themselves as either religious or spiritual, but not both. Clearly, in the understanding of the general population, there is overlap between religion and spirituality. Religion is one means of enhancing spirituality and there is always an element of spirituality in all religions. Benson, Roehlkepartain and Rude (2003) also agree that there is inherent overlap between spirituality and religion. Reno (2003) has articulated a definition of spirituality which incorporates religious activity: 'spirituality is anything—books, techniques of prayer, styles of worship, therapies to experiences—that brings life

(develops life satisfaction)… spirituality is a method, a practice or discipline' (p. 12–13).

An alternative approach to differentiating or looking for commonality between religion and spirituality is to focus on the core developmental process underpinning them—spiritual development (Roehlkepartain et al. 2006a, p. 5). Spiritual development is not a new concept in the literature however, it has only recently gained greater understanding and acceptance in research. Balswick, King and Reimer (2005) identified that human beings display a capacity for both spiritual development and religious development. They define spiritual development as 'the nonlinear process of increasing the capacity for self-transcendence, care for others and devotion to and intimacy with God' (p. 279) and religious development as the 'capacity to understand and accept religious beliefs, doctrines or traditions (which) enables a person to engage more fully with the religion' (p. 280). Rather than being two discreet characteristics, religion overlaps with spirituality (Hay, Reich & Utsch 2006). Lerner et al. (2006) identify that 'spirituality and religiosity, as developmental phenomena, are transformed in personal and adaptive salience and cognitive conceptualisation across the course of life' (p. 61). Roehlkepartain et al. (2008) identified that 'one of the challenges in studying young people's spiritual development is that there is no consensus on how to define spiritual development. Thus the Centre for Spiritual Development sought to create a framework for understanding spiritual development that would be widely affirmed across cultures, traditions, disciplines, and worldviews' (p. 41). Using an ecological perspective, the proposed framework is depicted in Figure 5.1.

Figure 5.1. A draft spiritual development framework (Roehlkepartain et al. 2008, p. 41)

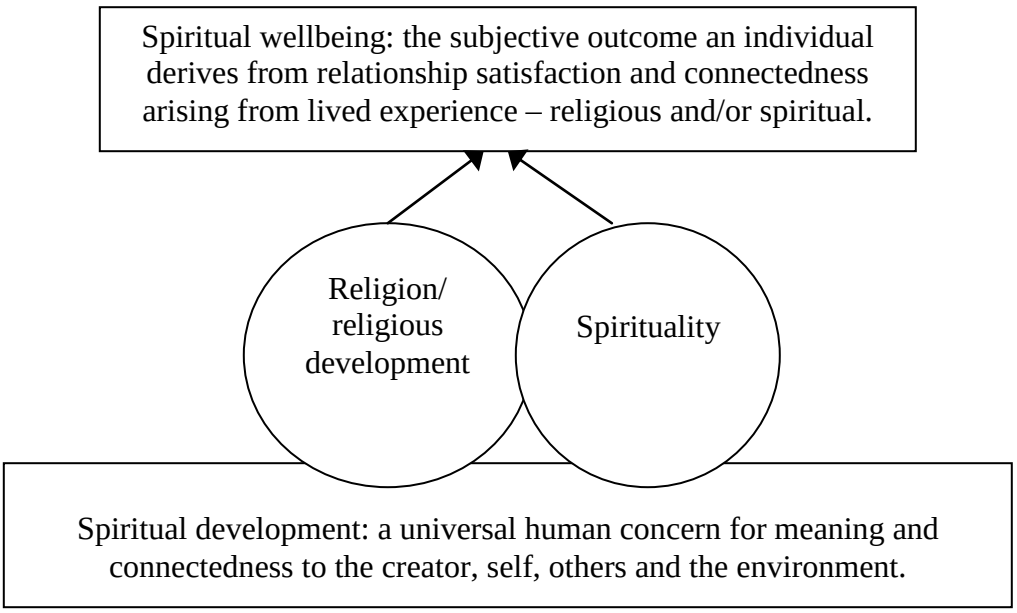


These terms used by scholars and researchers are not necessarily understood by research participants in the same way. This dissertation accepted that there may be confusion and overlap between religion and spirituality from the participant's perspective. As a result, the study did not request participants to identify if they consider themselves religious, spiritual or both. Instead, the naturalistic approach allowed the participants the freedom to express their own views, without external restraints, through careful selection of terminology.

For this dissertation, the phenomenon of spiritual wellbeing acts as the focal point drawing together the interconnected domains of religion and spirituality that is, the 'personal and adaptive salience' identified by Lerner et al. (2006) above. Spiritual development emerges out of the universal concern for transcendence, meaning and connectedness to the creator, self, others and the environment. Spiritual wellbeing is the measurable outcome that arises from the religious and/or spiritual beliefs and practices capacity to fulfil the universal concerns the person perceives for meaning and connectedness. From the emic perspective, spiritual wellbeing is the outcome of one's spiritual development—as depicted in Figure 5.2. An individual's endeavours to address their concerns of transcendence is, in this dissertation, demonstrated through personal or group practices, religious practices, or other acts of spirituality as articulated by the participant. Figure 5.2 represents the interconnections, rather than highlighting the differences, between the terms and constructs—spiritual wellbeing, religion, spirituality and spiritual development—operationalised in this dissertation.

The study of religion and spirituality has consistently confirmed a relationship with health outcomes (Balswick, King & Reimer 2005; Smith 2003). Debate, however, surrounds what the influential attribute is, how large the influence is, and whether religion and spirituality have a positive or a negative influence on health and development outcomes (Lerner et al. 2006). The bifurcation of differing dimensions of the phenomenon may account for the majority of the inconsistent findings reported. The direct affect of the different domains on different measures of wellbeing may be weakest when considered individually. The published findings are not essentially inconsistent; rather the interpretation of the results may be incomplete.

Figure 5.2. The interconnections from spiritual development to spiritual wellbeing



Extending Bronfenbrenner's definition of development

Bronfenbrenner has defined development within the bioecological theory as 'the phenomenon of continuity and change in the biopsychological characteristics of human beings, both as individuals and as a group. The phenomenon extends over the life course, across successive generations and through historical time, both past and present' (Bronfenbrenner 2001a, p. 6963). Spiritual development is both independent from and distinct to biological and psychological development. The expanding biological development during adolescence facilitates spiritual development and 'experiences of transcendence' (Balswick, King & Reimer 2005, p. 181) whilst spiritual development promotes positive youth development and thriving (Lerner et al. 2006). Therefore any all–encompassing definition of development

should include changes in spiritual characteristics as well as changes in biological and psychological characteristics specifically mentioned by Bronfenbrenner.

Spirituality in Generation Y

As previously discussed, this study builds specifically on the Spirit of Generation Y research by Mason, Singleton and Webber (2007). In this study the meaning of spirituality to Generation Y participants was reviewed. Hughes (2007), who also participated in the Spirit of Generation Y study, identified that:

> spirituality is very difficult to define. While it is a word that young people sometimes use, it is not commonly part of their language for talking about life. When we asked young people about spirituality, they gave many different responses. Some saw it as belief in God. Others saw it as belief in inner self. Some saw it as religion and some as the antitheses of religion in terms of freedom from tradition. Others were not sure what it was at all (p. 25).

From research with young people, Hughes has defined spirituality in Generation Y as a term that 'describes a particular quality in…relationships' (p. 30). Hughes (2007) interpreted Generation Y's understanding of spirituality to mean the highest level of connectedness in a relationship. Spirituality, in this definition, is an achievement of a transcendent level of connectedness that can occur in a relationship. Most researchers, however, view spirituality as the individual's attempts to achieve connectedness in a relationship, rather then as a level of connectedness achieved within relationships (see Mason, Singleton & Webber 2007 in the glossary). Mason, Singleton and Webber (2007) agree however with Hughes (2007) that the

level of spirituality or its salience, that is the degree to which it is lived, is an important consideration. Wyn (2009) identified that spirituality is essentially associated with meaning-making for young people. Young people find meaning through their spiritual beliefs and connections with family, friends, community and cultural groups and through the pursuit of personal goals (Wyn 2009).

The Assembly of God church in Australia

Participants in this case study follow the Judeo-Christian religion and belong to the denomination of Pentecostalism or Pentecostal Christianity. Pentecostalism is recognised as a denomination by the Australian Bureau of Statistics and it was the fastest growing Christian denomination in Australia in the 2006 census (Ieroianni & Le Roux 2007). The term 'Pentecostal Church', however, is an umbrella term used to identify a wide variety of groups and independent Christian churches that are not aligned to a traditional denomination. The Assemblies of God in Australia (AOG in Australia) is one such group of Pentecostal churches, where each individual church is self-governing, but commits itself to cooperate with other churches in the movement for the purpose of mutual support. AOG in Australia, established in 1937, adopted a new name of Australian Christian Churches (ACC) in 2007 and currently consists of more than 1100 churches with over 195 000 constituents, making it the largest Pentecostal movement in Australia (Ieroianni & Le Roux 2007) and the second largest church attending group in Australia following the Catholic church (Cartledge 2000). The church is commonly known as, and still uses the title, AOG in Australia—however, both names are in use. For historical ease the name AOG in Australia will

be used predominately in this dissertation when referring to the church attended by the participants, as this also reflects the cases own current language.

The current regulations of the Assemblies of God in Australia, is the 'Assemblies of God in Australia United Constitution, April 2007', from here on known as the 'AOG Constitution'. The Assemblies of God in Australia developed out of a merger between two Pentecostal groups in 1937—the Assemblies of God in Queensland and the Pentecostal Church of Australia—and today the inclusion of 'United' in the constitution title is a reminder of this historical beginning (Cartledge 2000).

A review of the AOG Constitution was undertaken for the terms religion and spirituality. The AOG Constitution contains no mention of the term religion. There are however, two references to the concept. Article 2 Definitions (b) states: 'The basic principle of Assemblies of God is defined as that of cooperative fellowship. It designates a body of believers, one in experience and purpose, bound by the cords of Christian love and not by *ecclesiastical traditions* or powers' (italics added). Article 3 Objective (d) states: 'To establish churches as a result of the foregoing, patterned after the simplicity of the New Testament principles of order, government and practice; free from *human traditions*, and recognising the headship of Jesus Christ our Lord' (italics added) In both cases the term traditions is used to refer to religious practices. In the AOG Constitution, religion as a tradition is rejected.

Assemblies of God church services may follow similar patterns across Australia; however, they do not follow any established order of service. Similarities across gatherings exist; difference and unpredictability is valued and encouraged.

Participants are probably attracted to this unpredictability and also reject the term religion because it has connotations to church organisational practices. The term religion is not used within the AOG church to refer to personal practices of prayer and Bible reading, as it is within the literature and broader community. However, members of the church may subscribe to this definition. This study avoided the use of the term religion in contact with the church leaders and participants.

The term spirituality also is absent from the AOG Constitution. There is one mention of the term 'spiritual life' in Article 5 Doctrinal Basis (6 The fall of man). Article 5 states: 'We believe that man was created by God by specific immediate act and in his image and likeness, morally upright and perfect, but fell by voluntary transgression. Consequently, all men are separated from original righteousness, being depraved and without spiritual life - Genesis 1:26-31; 3:1-7; Romans 5:12-21'. The AOG Constitution, however, does not define the term spiritual life further, nor does it definitely articulate what status people without a spiritual life are in.

Although the AOG Constitution does not provide specific description of people who are 'without spiritual life', Article 7 provides a solution. Article 7 states: 'We believe that salvation is received through repentance toward God and faith in the Lord Jesus Christ. This experience is also known as the new birth and is an instantaneous and complete operation of the Holy Spirit whereby the believing sinner is regenerated, justified, and adopted into the family of God and becomes a new creation in Christ Jesus and heir of eternal life - Titus 2:11; 3:5-7; 1 Peter 1:23; 1 John 5:1'. Participants' beliefs and practices were measured in this study.

Specifically, participants were asked to identity if they had accepted this salvation, read the Bible, pray and attend church services.

Interestingly, for the participants who are members of AOG in Australia, both the terms religion and spirituality have negative connotations. Religion and spirituality are seen to be distinctly separate within the AOG in Australia denomination. Religion is promoted as the area in which these Pentecostal churches differentiate themselves from other Christian denominations. The church services lack the surface appearance of religious practices as followed by traditional denominations. The AOG movement is one where the adherents believe that they are following the teachings and example of the disciples of Jesus Christ and the ways of the first church as described in the Bible (Article 3). They believe religion and religious practices (narrowly defined to mean traditional practices taught by others outside of the biblical example) to be humanly constructed barriers to direct access to God. In light of this position these two terms, religion and spirituality, are avoided in this data collection process. Instead the term spiritual wellbeing was utilised. In time these difficulties in agreeing on definitions may dissipate as a common understanding emerges between researchers, scholars, church communities and society.

Only two instances in the AOG Constitution are associated with a kinship family member. In Article 7:2(D) and in Article 7:3(E) applicants for licences to perform different duties in the church are requested to have their application signed by ‘at least two other Christian persons, other than relatives’ (p. 30–31). The definition of family in the AOG Constitution espouses a broad inclusive definition of the family. The AOG Constitution recognises that the members of AOG in Australia churches are

more than merely members of a local church. Rather, they believe that once someone makes a commitment to becoming a Christian they are also transformed into a brother or sister in the universal family of God, with God as the heavenly father of the family. The AOG Constitution's main reference to the family of God is in Article 7 (see above). There are five other references to the family of God in the AOG Constitution, all to the 'heavenly Father' (p. 3, p. 4, p. 5). These stated church beliefs informed the data collection process and the interpretation of the cases.

This chapter has disentangled spirituality, religion, spiritual wellbeing and spiritual development, demonstrating the interconnectedness of all four concepts. This concludes Part one of this dissertation—the descriptive theory for this case study. Part Two will present the implementation of this study.

PART II: IMPLEMENTING THE STUDY

CHAPTER SIX: CASE STUDY RESEARCH STRATEGY

Chapter Six explains the rationale behind the selection of a case study strategy for this research. This study has a multilevel case study design, incorporating both single case and multicase study techniques, in a mixed methods approach. The purpose of this case study is instrumental, that is, to advance the known theory related to spiritual wellbeing. This chapter presents an explanation of case study research strategy and the particular elements of this research strategy most pertinent to this study. This includes: defining; explaining the intent of; discussing the use of mixed methods; the application of critical realism, causation and triangulation; and transferability from case studies.

Historical use of case studies

Case study research is not new however, there has been a re-emergence of interest in the case study as a valid research design (Sarantakos 1998). Mitchell (1999) states that 'nearly the whole of the respectable body of anthropological theory has been built up over the years from a large number of separate case studies from which the anthropologists have drawn inferences and to formulate propositions about the nature of social and cultural phenomena' (p. 182). Medicine, history, clinical psychology, sociology, social work, business studies, community planning and political science have all utilised case study research in various forms and contribute to our current understanding.

From the 1930s however, as a positivist approach became dominant in research, a move away from a holistic approach to research that studied attributes in their natural context emerged. It was thought that the naturalistic style of a case study did not allow for the discovery of generalisations or explanation of causation and was considered invalid (Plummer 2001). In 1966, Campbell and Stanley (p. 6) stated that '(case) studies have such a total lack of control as to be almost of no scientific value' (cited by Hamel 1993). Case studies were still utilised as descriptive studies, with a focus on the unusual and unique, or as an exploratory study to identify hypotheses that could be tested via subsequent quantitative research projects. Medical and health sciences have utilised case studies to document and describe bizarre individual cases. These cases were built up into collections from which disease aetiology and possible causative factors could be identified and tested.

Defining case study research

Few research texts have an elaborate or adequate definition and explanation of case study research design. Yin (2003a) states that 'most social science textbooks have failed to consider the case study a formal research method at all…one common flaw was to consider the case study as the exploratory stage of some other type of research strategy, and the case study itself was only mentioned in a line or two' (p. 12). Some definitions limit case studies to qualitative research designs. Sarantakos (1998) defined a case study as 'a qualitative method of data collection (or research design) concentrating on studying single cases' (p. 460). In contrast, Bryman and Burgess (1999) state: 'The case study represents one of the most common

frameworks for the conduct of qualitative research. This is not to suggest that the two should be regarded as more or less synonymous' (p. xiii-xiv). Not all case studies however, collect both quantitative and qualitative data. Therefore, case study research can be quantitative, qualitative or mixed methods research (Yin 2003a, 2003b).

Yin (2003a) offers a detailed definition by describing case study research as:

> An empirical inquiry that:
>
> - investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident;
>
> (and)
>
> The case study inquiry:
>
> - copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result;
> - relies on multiple sources of evidence, with data needing to converge in a triangulating fashion; and as another result
> - benefits from the prior development of theoretical propositions to guide data collection and analysis.
>
> In other words, the case study as a research strategy comprises an all-encompassing method…a comprehensive research strategy (p. 13–14).

Most recently, Mills, Durepos and Wiebe (2010) agree that case study research is a strategy and conclude a case study:

> consists of a focus on the link between a specific entity and its supposed contextual interrelationships, and on what the link can tell us about either the uniqueness of the case or it generalizability to comparable relationships (with the)

> purpose of using those insights (of interactions between contextual relationships and the entity in question) to generate theory and/or contribute to extant theory (p. xxxii–xxxiii).

A number of objections have been raised against the use of case study strategy. Yin (2003a, p. 10–11) identifies the three main objections as being: a concern for the lack of rigour of case study research; the lack of scientific generalisation of the findings; and the disproportionate length of time and cost associated with conducting case study research. Such criticisms tend to stem from a perspective that favours a positivist approach to research, which may not be appropriate to the intent of the case study research (Widmer et al. 2008). Case study research can achieve appropriate rigour, following well articulated research strategies that are now available (Yin 2003b). Generalisations from case studies are not usually based on scientific sampling techniques mandating large representative samples. Rather case study generalisations, often identified as transferability, are ontologically driven. Case study researchers following a classical comparative design use theoretical sampling strategies (instead of random sampling) in order to achieve the necessary basis for theoretical transferability (Widmer et al. 2008). Alternatively, case study strategy favours rich knowledge about particularities over 'population based generalisable' knowledge often gained from large sampling (Moriceau 2010). Case studies 'generate context-rich, local knowledge from which can be derived unique understanding of causal processes and mechanisms that respects the complexity of events and processes' (Bazeley 2009a, p. 202). When quality research outcomes are favoured, time and cost issues are considered and addressed without compromise to the people or phenomenon under investigation by the case study researcher.

Through a critique of case study research, Flybjerg (2006) raises the concern of subjective bias towards verification inherent in case studies, especially small-*N* studies, however he argues that case study rigour and a proximity to the 'field' actually leads towards falsification rather than, as commonly assumed, verification.

Comparative analysis in case studies however, is challenged at times with the need to limit the number of interrelationships and contextual factors studied and the difficulties of including a longitudinal perspective (Widmer et al. 2008). Research questions associated with events, behaviours or phenomenon within a real life context that cannot be manipulated and that are focused on contemporary rather than historical events, are most appropriate for case study research (Stake 2000).

Intent of a case study can be exploratory, descriptive, evaluative or explanatory (causal). Exploratory case studies are used to gain more information about phenomenon, especially when little is known, to facilitate conceptualisation before implementing large-scale research and to assist in formulating hypotheses (Streb 2010). Descriptive case studies assess a case in detail and in depth to reveal relationships and connections in light of the descriptive theory presented (Tobin 2010). Evaluative case studies are used to evaluate the effects of programs by investigating both the process and outcomes of a program (Gomm, Hammersley & Foster 2000). Explanatory case studies are suitable for explaining complex phenomenon, to test and develop theory and explain causal relationships (Harder 2010). Rather than attempting to classify the many purposes for a case study, and artificially constraining a case study to a single intent, Stake (2006) proposes:

> When the purpose of case study is to go beyond the case, we call it 'instrumental' case study. When the main and enduring interest is in the case itself, we call it

> ‘intrinsic’ case study. With multicase study and its strong interest in the quintain, the interest in the cases will be primarily instrumental (p. 8).

Generating theory and/or contributing to extant theory are a fundamental intent of all case studies. Grandy (2010a) explaining instrumental case study identified that ‘the case itself is secondary to understanding the particular phenomenon… the case report focuses less on the complexity of the case, as in the intrinsic case, and more on specifics related to the research question… the instrumental case study is a tool that facilitates understanding of a particular phenomenon’ (pp. 473, 474, 475). Theoretical statements show how the case study findings bear upon a particular theory or theoretical constraint (Yin 2010, p. 21). Various techniques are employed to strengthen the theoretical statements developed. Theory-driven sampling is commonly utilised—a type of purposive sampling.

Identifying the case

Defining the parameters of the case can be difficult. A case is chosen that is believed to exemplify the phenomenon and logically enables the research questions to be answered. Mitchell (1999) believes that ‘the “case study” refers to an observer’s data; i.e. the documentation of some particular phenomenon or set of events which has been assembled with the explicit end in view of drawing theoretical conclusions from’ (p. 183–184). Conceptualisation of the case through the observer’s data frees the researcher to focus on the unit of analysis, without artificial and unnecessary constraints surrounding the parameters of the case. Stake (2006) concludes that ‘a case study is both a process of inquiry about the case and the product of that inquiry’

(p. 8). When defining the case the researcher is guided by the research question(s) and the available literature. Literature guides the formation of key definitions and case parameters and allows the case study findings to be compared to previous research (Yin 2003b). A case is defined by Gillham (2000) as:

- a unit of human activity embedded in the real world;
- which can only be studied or understood in context;
- which exists in the here and now;
- that merges in with its context so that precise boundaries are difficult to draw (p. 1).

Gillham (2000) also identifies that a case can be an individual, a group (a family or hospital ward), an institution (a school or a factory) or a community (a small group, a town or a profession). Platt (1999) adds an event or an episode to this list. A case is an entity that is dynamic, responds to the present, acts purposively, and has a sense of self (Stake 2006).

Stake (2006) has developed a framework for case study research containing multiple cases where individual cases, bound together through their common bond, are called the 'quintain'—the target of study. To understand the quintain, individual cases are both explored as a group and individually. Multicase study method does not directly compare cases; rather it explores themes across the cases (Stake 2006). The purpose of the multicase study report shifts from understanding the individual case, as in a single case study report, to understanding the quintain. The multicase study report also shifts away from a holistic view of any one case to a constrained view of the cases, in favour of understanding the quintain (Stake 2006).

No research project can study every aspect of a case and even in a single case study of a unique experience, the scope should be limited. Case studies do not attempt to achieve a representative sample for the population (Eisenhardt & Graebner 2007)—rather they implement purposive sampling to identify the case(s) that should provide maximal information about the phenomenon, and set the boundaries of the case indicating the aspects to be studied (Bleijenbergh 2010). Theoretical sampling is often used in case studies where the intent is instrumental to generate or extend theory. This involves data collection and analysis decisions being made in order to develop the emerging theory. Theoretical sampling selects cases based on theoretical reasons, and finds participants based on that theoretical reasoning (Punch 2005). Theoretical sampling strengthens transferability at the theoretical level. Strong conceptual framing guides the selection, process of testing, and impacts on theoretical transferability (Elgar 2010). Case-within-a-case is another technique utilised when theoretical sampling is employed. This involves dividing the larger case group into smaller meaningful sub-cases. This allows for comparisons of similarity or difference across the sub-cases that are difficult to ascertain when viewing the whole case as one (Gondo, Amis & Vardaman 2010).

Research questions in case study research

Identifying the research questions of a case study is a important preliminary achievements. Case studies can address a range of questions to which other research methods are unsuited. Yin (2003a) suggests that the form of research questions mostly suited to case study research method are explanatory or causal in

intent, and focus on how and why questions. Eisenhardt (1999) notes ‘an initial definition of the research question, in at least broad terms, is important in building theory from case studies’ (p. 140). Without a research focus, an investigator may attempt to investigate every aspect of the case—an impossible task to achieve—and be overwhelmed by the volume of data in the process. Identifying and focusing on the quintain assists the researcher to manage this challenge. Eisenhardt (1999) concludes ‘investigators should formulate a research problem and possibly specify some potentially important variables, with some reference to extant literature’ (p. 141). Exploratory case studies legitimately benefit from an absence of research questions, leaving the study free to explore the directions the findings steer the researcher towards, within the limitations and purpose of the study (Streb 2010). This tension in case study research, between balancing the need to ensure an achievable scope and examining the full scope of the case, should be identified and managed by the researcher throughout the project. This tension can be resolved through a focus on the quintain rather than any individual case or cases (Stake 2006).

Types of evidence used in case studies

To determine which research method(s) to utilise in data gathering for the case study, it is important to note that all data gathering methods have their limitations and that no one method is appropriate for all questions. Three considerations are made when determining the method to use. Firstly, the research question posed; secondly, the amount of control the researcher has over the events; and thirdly, the time focus of

the research question. All evidence is useful in case study research; however, its relevance and trustworthiness may vary.

To achieve an in-depth study of a whole unit, multiple sources of evidence are needed and a variety of methods can be employed that generate narrative, textual and numerical data (Luck, Jackson & Usher 2005). Common sources of data in case studies include: interviews, which include open-ended, focused and survey formats; direct observations, which encompasses notes taken during field visits; participant observation, which serve to make the researcher an active participant in the group's activities; archival records, which incorporates organisational records and survey data; documents, such as letters, administrative documents (memos) and newspaper articles; and physical artefacts, which includes items collected during field visits (Nagy et al. 2010; Stake 2000; Tellis 1997; Yin 2003a, 2003b).

Case study research relies on several different sources of information and employs a mixed method approach to data collection. Eisenhardt and Graebner (2007) identify that theory building case studies usually combine multiple data collection methods and that triangulation, made possible through this technique, strengthens the resulting constructs and hypotheses.

Multicase study research design

Although this case study is not a literal multicase study, the understanding of the relationships and connections examined within a subset of participants is informed through applying analysis techniques utilised by multicase studies. Multicase study research design differs from single case study design predominately in the unit of

analysis. In multicase research the phenomenon and its manifestation is the focus of the research, not the single case or cases. This maintains a focus of analysis on the phenomenon. This is an important differentiation to understand because it influences the research design.

The single case study design revolves around helping the researcher to understand the case; whereas the multicase study design revolves around helping the researcher understand the phenomenon. Stake (2006, p. 6) believes that this moves the research design away from a holistic viewing of the single case towards a constrained viewing, dominated by how best to understand the phenomenon. To understand a phenomenon, the researcher examines the functioning and activities of some of its cases, which are purposively selected for their relationship with the phenomenon and belong to a particular collection of cases (Stake 2006, p. 4).

In a multicase study the individual cases are initially examined separately. Following this initial analysis, an understanding of the phenomenon is built from the patterns across the cases, from exploring the similarities and/or divergences, and the functioning and relationships between cases (Bazeley 2009a). From this comparative analysis, assertions and theories about the phenomenon arise (Stake 2006; Yin 2003a, 2003b). Stake (2006, p. 22) identifies that the multicase study usually includes 4–10 cases. Too few will not demonstrate sufficient interactivity and too many may provide more interactivity than the researcher and the reader can appreciate.

Using mixed methods in case studies

Case study, as the research strategy, has an established pattern of embedding different methods into the case study design. Therefore, case studies can be a type of mixed methods research (Brannen 2008), although not all case studies include mixed methods (Widmer et al. 2008). Mixed methods research however, has established itself as a discrete research strategy. Various definitions of mixed methods research have been proposed. Tashakkori and Creswell (2007) defined mixed methods as 'research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or a program of inquiry' (p. 208). In the 1980s, the increasing publication of research classified as mixed methods research, sparked debate over the legitimacy of combining quantitative and qualitative data in one study (Bryman 2008). What aspects of research could be mixed and how the mixing was performed, were also fiercely debated. Some scholars concluded that 'paradigms' (the philosophical foundations of the research) could not be mixed; therefore research methods could not be mixed (Bergman 2010). The other side of the argument, for freely mixing any aspect of research pragmatically, is equally contentious and should be equally challenged (Bergman 2008). Reviewing the historical and recent developments in the mixed methods' debate, Tashakkori and Creswell (2007) concluded that despite the developments, unresolved issues remain. The debate will continue whilst no language to describe mixed methods research is agreed-upon and whilst the 'mixing' aspects of the research are insufficiently articulated and justified by the researcher (Bryman 2008). Prominent authors who are

contributing towards development of definition clarity and understanding of the mixed methods research approach include Creswell and Plano Clark (2007).

Maxwell and Loomis (2003) propose that an interactive approach to designing mixed methods research projects can alleviate difficulties associated with strict research methodologies and methods. In this approach, each component of the research design is considered individually and in relation to each other component. Thus, a mixed methods research design is attempting to develop compatible components that are efficient, effective and functional. DeVaus (2002), concludes that 'the prime goal of research should be to gain accurate understanding and as a researcher use methods and techniques which enhance understanding. Use the method; do not let it use you' (p. 9). The use of mixed methods may be most appropriate in the study of complex phenomena where single research methodology limits the ability to understand the unique nuances and contextual interrelationships (Plano Clark et al. 2008). Research conducted by Brazier, Cooke and Moravan (2008) and Habashi and Worley (2009) provide examples or recent mixed methods case studies.

Brazier, Cooke and Moravan (2008) implemented a mixed methods case study to examine the impact of a cancer care program on patients' lifestyle, quality of life, and overall well-being. Brazier, Cooke and Moravan (2008) reported they experienced two limitations in their study, 'a small sample size, which limited power to detect quantitative changes on the questionnaires and a lack of a control group' (p. 5). Although case study strategy does not advocate the use of a control group or fit well in to the conventions of generalization (Grandy 2010b), such as utilised in a

randomised control study, the comparison case concept is the equivalent. As such, theory developed from one case study should be tested in a comparative case study (Campbell 2010). Small sample size and validity through control and comparison are two areas the case study researcher needs to consider to enhance trustworthiness.

Ground-breaking the blending of case study and mixed methods research design, Habashi and Worley (2009) explored the geopolitical socialisation processes of Palestinian children. The unit of analysis in this case study was children living in the West Bank, with the case defined as one per cent of the children attending school grades five to seven. The sources of data included two focus groups, 12 interviews, analysis of available documents, participant observations and field notes, and a survey. In their case study, an interactive approach in research design and the incorporation of multiple types of triangulation is evident.

Caution in utilising mixed methods necessitates that the researcher must be aware of and able to articulate how they have blended different aspects within their research and the logistical challenges this may cause (Plano Clark et al. 2008). Creswell and Plano Clark (2007) propose that there are three ways in which mixing occurs: merging or converging data sets, connecting or build on data sets, and embedding one data set within another. It is also necessary, therefore, to articulate how the paradigm issue raised from incorporating a mixed methods approach is resolved through the philosophical framework and assumptions guiding the research.

Epistemological considerations

How can we know that spiritual wellbeing is related to health outcomes? Epistemology is germane to this research. The quintain of spiritual wellbeing is an epistemological matter (Bakker 2010; Bryman 2002). It begs the question, is spiritual wellbeing real? Spiritual wellbeing itself relies on a philosophical position that accepts spiritual development as an important experience of humanity. From a naturalistic perspective, the basis of accepting that for the people in this study spiritual development is an experienced element of life and that spiritual wellbeing is an achievable state, are the participants' views. Without their belief, this case study could not present these positions. Does this make spiritual wellbeing and spiritual development universal? This case study does not in itself make this claim or attempt to investigate this. Others have made such a claim, which has been presented in the glossary (see Spiritual Development). The intent of presenting these ideas is to allow an understanding of the participants' lived experience, relationships and contextual factors to emerge in light of the descriptive theory.

Author intentionality is an issue that arises out of epistemological considerations. The intentions of the researcher can be declared, implied, or inferred (Kompf 2010). As a researcher I have declared intentions and matters of related concern to enhance transparency in an effort to minimise experimenter bias confounding the conclusions and to be upfront with the reader. The intent of this case study is not to determine if spiritual wellbeing is real or an experience common to others beyond these participants. Rather the intent is to provide to these participants, who hold a minority world-view amongst Australian youth, a genuine voice. Modernity

is criticised for its rhetoric of inclusivity yet insistence on rejecting spirituality and traditions as no longer relevant in the modern world (Ahern 2010). Ahern (2010) continues by saying:

> the 'case' for case study research emerges precisely at this point as a way to ensure that individuals and groups are listened to on their terms, whether those terms are premodern, modern, or postmodern. Thus, case study research is ideally suited to the search for an inclusivity based on an understanding of what it means to be human and capable of building bridges between the many different persons and groups in our world today (p. 567).

Influencing these epistemological considerations and this research endeavour is critical realism. Critical realism aligns well with the area of research, spiritual wellbeing, and the intent of this study. Critical realism positions on causality and reality are two pertinent elements in this discussion. Critical realism understands that there is a real world with knowable phenomenon, yet accepts that all knowledge is incomplete and alternative accounts of phenomena are possible and grounded in locally constructed worldviews (Maxwell 2008). Maxwell (2008) continues, 'mechanisms (of causation) are not seen as universal laws, but as situationally contingent; they are inherently involved with their actual context, which is inextricably part of the causal process' (p.168). A critical realist approach to causality reframes the approach to understanding events and situations so that causation can be identified in a single case, small-*N* studies and qualitative data, since the causal process is intrinsically related to the context (Maxwell 2004).

One way to illuminate what critical realism accepts is to differentiate its beliefs from that of positivism and constructivism. Constructivism doesn't accept an external

and determined world (reality) where factors are causal. Rather, all reality, knowledge and patterns of association are social constructions of the mental process and locally negotiated cultural beliefs (Maréchal 2010). Positivism believes that phenomena are independent of human knowledge yet knowable through measurement and deterministic (causal) in their effect on, and independent from, the world around (Morais 2010). Key characteristics of critical realism include: accepting objective reality; 'accept the reality of mental states and attributes and the importance of these for causal explanation in the social sciences' (Maxwell & Mittapalli 2010, p. 153); realising understanding is imperfect and fallible; theories regarding underlying reality can explain observable events but are mediated by humans and contextually located; researchers control for bias through triangulation and multiple methods (Maxwell & Mittapalli 2010; Wynn and Williams 2008).

A design tenet of this case study is utilisation of both quantitative and qualitative data in the one study. One complexity in utilising mixed methods in research is understanding how epistemology is affected by the potentially differing positions incorporated into the research. If the influence of epistemology on the research is not recognised, the researcher's ability to understand the data and ultimately, the phenomenon under investigation, is limited (Bazeley 2004; Maxwell & Loomis 2003).

Lincoln and Guba (2000) have developed a framework for articulating how epistemology is translated into research method through four elements: ontology, epistemology, axiology and methodology:

- ontology—underlying beliefs, influencing understanding of knowledge and reality and why the data are collected;
- epistemology—how the researcher relates to others, influencing who data are collected from;
- axiology—the role of values in lived experience, influencing how the data are collected; and
- methodology—how best to develop an understanding of phenomenon, influencing what type of data are collected and interpretations made from the analysis (Crotty 1998).

These four elements translated into action within this case study are presented in Table 6.1.

Table 6.1. Elements of epistemology underpinning this research

Ontology	Critical realism in this study justifies understanding and construction of local understanding of phenomenon with situationally contingent causal processes (Hammersley 2009; Maxwell 2008; Miles and Huberman 1994).
Epistemology	The naturalistic study requires closeness between the researcher, the participants and the environment. Case study researchers should observe as much as they can. External restrictions on such research endeavours are counter–productive to knowing the quintain (Stake 2006). In this study the ethical requirement for anonymity of younger participants led to a degree of

	researcher-participant distance. Although a closer researcher-participant relationship is favourable, a pragmatic view was taken, accounting for the restrictions imposed on this project.
Axiology	All understanding is grounded in a particular moral perspective or world-view (Maxwell 2008). This study recognises that the biblical world-view is espoused by the study participants and the researcher. Making this explicit and accepting this axiological position, truthfully reflects and implements the naturalistic foundation of this study. A biblical world-view can be defined as a way of 'experiencing, interpreting, and responding to reality in light of a biblical perspective' (Barna 2003). Naugle (2002) identified that the biblical world-view has three broad traditions—Protestant evangelical, Roman Catholicism, and Eastern Orthodoxy. The participants in this study align to Protestant evangelical biblical world-view.
Methodology	Stake (2000) identified that naturalistic generalisations that emerge out of case studies are both intuitive and empirical. The knowledge generation process followed in this case study is abduction. Both quantitative and qualitative data is explored for patterns that lead to furthering the descriptive theory (Morgan 2007).

When conducting research it is important to recognise the potential influence any predisposition and differing philosophical perspectives may exert on the design and analysis (Maxwell & Mittapalli 2010). The epistemological discussion offered is

an attempt to explicitly recognise such matters in this research focused on an area, spiritual wellbeing, so often subjected to criticism based on epistemological differences alone.

Critique of research exploring human development

Bronfenbrenner was critical of 20th century research in human development that followed a strict scientific (positivist) approach. Bronfenbrenner (1979) identified that this approach has led to experiments investigating human development that have an emphasis on scientific rigour, but are lacking in relevance (p. 18). Bronfenbrenner believed that as a reaction to the irrelevance that scientific rigour created, stressing social relevance in research can lead to the rejection of rigour, where experiences are substituted for observations and personal understanding is substituted for analysis (1979, p. 18–19). Bronfenbrenner (1979) concluded that 'the understanding of human development demands more than the direct observation of behaviour on the part of one or two persons in the same place; it requires examination of multiperson systems of interaction not limited to a single setting and must take into account aspects of the environment beyond the immediate situation containing the subject' (p. 21).

A systems approach is based on the assumption that individuals do not develop in isolation from their context, where the person is both integral and at the same time influential. A systems approach purports that systems cannot be fully understood simply through understanding their component units. Rather, systems should be understood through the relationships between the people as part of the whole (Wright & Leahey 2009).

Naturalistic research

Naturalistic research is an approach in which the data are collected within the context of the lived experience, with a reluctance for meanings to be imposed from outside. Instead, a naturalistic approach will investigate the meanings the participants place on various events and symbols. Naturalistic researchers usually embrace the aim to observe the constructions, rather than verify them (Denham 2003). Silverman (2001), however, identifies that 'the idea of 'hanging out' with the aim of faithfully representing subjects' worlds is a convenient myth…without some conceptual orientation, one would not recognise the field one was studying. So, the problem is that many closet naturalists fail to come clean about the theory dependence of their research' (p. 72). Sadler (2002) agrees and identifies that the naturalistic approach has a tendency to impose inappropriate meaning upon experiences and events due to the researcher's failure to recognise held inferences and biases about the nature of the world, incorrect judgements and unrecognised theoretical perspectives (p. 126–127).

In a naturalistic study, remaining true to the context of the study is paramount. Study design must not impose strict rules, but should consider the full context (Erlandson et al. 1993). The researcher learns from exploring the lived experiences of others in their natural environment. In naturalistic study, as the research progresses and the context is engaged, the researcher learns and adapts the research design, allowing further development of contextualisation. Research design is well planned, yet emergent, throughout the research. Naturalistic research attempts to forecast from the point of view of the insider, thus avoiding generalisations that misrepresent or negatively affect the participants or their community (Olson 2010). Stake (2000)

identified that naturalistic generalisations that emerge out of case studies are both intuitive and empirical. Case study researchers should observe as much as they can. External restrictions on such research endeavours are counter productive to knowing the quintain (Stake 2006). Shkedi (2005) believes 'this is the paradox of case narrative: by studying the uniqueness of the particular, we come to understand the universal' (p. 21).

Typically, a naturalistic study proposes research questions without offering definitive hypotheses; seeks purposive sampling, without randomisation; implements a wide variety of data collection methods; employs continual analysis throughout the study period instead of waiting until the data collection has ceased; and regularly reviews the research design (Erlandson et al. 1993). As a result, the naturalistic research design is complex and flexible, making it suitable to the case study strategy.

Triangulation

Erzberger and Kelle (2003) identify that triangulation in research is when the researcher utilises different sources to converge, complement or diverge the findings of the study: convergence is where different research results lead to the same conclusion; complementarity results arise from different data sources concerning the phenomenon supplement each other; divergent results may contradict each other. Triangulation in research design attempts to address concerns of validity and reliability and enhance transferability of the findings (Creswell 2003). Utilising different methods discreetly in research projects to converge findings however is challenged for its positivist emphasis (Wolfram Cox & Hassard 2010). Triangulation in case study

research is not used primarily to verify repeatability of findings, although multicase study research suits such a corroborative intent. Rather, case study research often triangulates with the intent of examination of the phenomenon from different angles, allowing multiple perspectives to inform the findings i.e. complementarity in intent (Stake 2000). Triangulation can be achieved by incorporating differing underpinning theories, methods, data sources and investigators (Johnson & Turner 2003). Utilisation of mixed methods in a research project for triangulation intent is neither more nor less valid than single approaches to research. Rather any benefit of triangulation arise 'from the appropriateness, thoroughness and effectiveness with which those methods are applied and the care given to thoughtful weighting of the evidence' (Bazeley 2004, p. 155).

Case study strategy allow researchers to study phenomena in their real life context, maintaining a holistic approach to understanding the events, organisations, relationships and individuals associated with a phenomenon, with a focus on understanding the dynamics of the interacting systems. This research project fulfils the basis for an instrumental case study, as the relationships between the variables in this study are known, however the known theory is underdeveloped, and the enduring interest is in the quintain, spiritual wellbeing, with the intent to extend known theory.

This chapter has reviewed case study research strategy and discussed the epistemological and methodological concerns applicable to this study. Chapter Seven will now present the case study research method incorporated in this research project.

CHAPTER SEVEN: CASE STUDY RESEARCH METHOD

Following on from the preceding review of case study research strategy, this chapter will present the research method implemented. The research design, aim, questions, sampling technique and instrumentation are all presented, followed by a review of the data analysis technique implemented. This includes a review of the assumption testing underpinning the parametric analysis. Finally, the chapter considers the ethical matters necessary for this research, concluding with a discussion on the trustworthiness of this research project.

Research design

This case study employed a multilevel design in which different sources of evidence triangulate with the intent of complementarity, that is, results arise from different data sources concerning spiritual wellbeing supplement each other. The case consists of individual participants bound together through belonging to the same church group and for whom spiritual wellbeing was of major significance, that is they are 'engaged' with their spiritual type. This group of people form the quintain boundaries of this case study.

From within the quintain, six Generation Y participants are identified as the people who form the multicase study group. Bazeley (2009a) argues that 'where more than one case is examined within a study, each case effectively acts as a replication in a different setting' (p. 202). This strategy effectively enhances generalizability and allows the researcher to see processes and outcomes across

many cases. Thus, the six Generation Y participants, introduced in Chapter Nine, are the ‘multicase study’ within this case study. Throughout the case study report evidence from mixed sources is utilised to explore how spiritual behaviours and relationships within the interconnecting systems of the family and the local church impact on spiritual wellbeing. Utilising a mixed methods survey, quantitative and qualitative data were collected concurrently and with equal weighting. This study used theoretical sampling because it was important to investigate the phenomenon of spiritual wellbeing with people who consciously recognised and knowingly sought to further spiritual wellbeing, both in their own and/or their children’s lives.

The aim of this study

In line with the purposes of an instrumental case study, this study aimed to examine the spiritual wellbeing of young people engaged with Christian spirituality with a focus on addressing the stated research questions.

Research questions

There are four research questions that guided the study.

1. What processes are utilized by the Australian families in this study to encourage spiritual wellbeing in their families?
2. How do spiritual practices and the local relationships within the interconnecting systems of the family and a local church impact on spiritual wellbeing of the participants?

3. Is there a relationship between spiritual wellbeing and resilience for the Australian youth who participate in this study?
4. Is there complementarity between the quantitative and qualitative data from this case study?

Purposive sampling method

Theoretical purposive sampling from individuals and families at two AOG in Australia church groups was implemented. This has resulted in three interconnected groups contributing towards the case study through the three waves of survey distribution (see Table 7.1). The participants in this case study recruited through wave two and wave three survey distributions, attend a large metropolitan AOG in Australia church, which has a congregation greater than 1000 members. In negotiating access to this large congregation, the leader of the church requested that the church identity remains anonymous. As this study is about the participants and their spiritual wellbeing, the identity of either local church is not necessary, beyond the fact that they are both Pentecostal churches aligned with AOG in Australia. Prior to administration, the questionnaire was evaluated against thirteen principles of questionnaire construction outlined by Johnson and Turner (2003, p. 303). The questionnaire was field tested on a group of eight people who are members of a small rural AOG in Australia church in a different Australian state.

Theoretical sampling was designed to identify participants who have an association with the phenomenon of spiritual wellbeing and some homogeneity in terms of current church experience. Homogeneity was selected to allow similarities to

emerge from the participants that may contribute to extant theory. Distribution technique allowed purposive sampling whilst maintaining anonymity. The cases included in the analysis demonstrated differences in family structure and functioning and provided rich data. However, representation of the wider Australian population was not sought.

Table 7.1. Survey distribution

Wave one distribution (October 2006)	A convenience sample within the congregation of a small church was recruited purposively for field testing the data collection method and to check for any necessary minor modification in language used.
Wave two distribution (October 2007)	At a church leaders' meeting of a large church, I gave a two minute presentation on the study and distributed the complete survey to all who attended. Over 200 people attended this meeting; all ages were present. This group of church members was purposively selected for survey distribution due to their association with the phenomenon and commitment to the church. As all people at this meeting were supplied with a survey pack, anonymity was achieved through postal return using supplied postage paid addressed envelopes. From this wave emerged the six Generation Y cases used in the multicase study analysis.

Wave three distribution (December 2007)	Members of the youth group at the large church were invited to complete the quantitative section of the adolescent survey whilst attending one of the regular youth meetings. The youth group is regularly attended by approximately 80 Generation Y members. Anonymity was maintained through no researcher contact during this distribution and supplied postage paid addressed envelopes.

Quantitative research design usually incorporates a pilot study to test the validity of the instruments and design. These data are routinely discarded. In a qualitative study the early data collection stages are incorporated into the developing understanding of the phenomenon and the emerging research design. In this study, there was no formal pilot study. Through the interactive design however, it emerged that the survey was initially implemented in a smaller church group, identified as wave one above.

Not all individuals who attend these two churches had the opportunity to participate in the study and not all Generation Y cases who participated had the opportunity to complete the adolescent resilience questionnaire, due to age requirements of the utilised tool (see Instrumentation). The qualitative questionnaire was available for participants from the age of 13 years who were invited to complete through wave two distribution. No participant below the age of 18 years returned qualitative data. Direct interviews to collect qualitative data may have been a more readily achievable task for younger participants. However, due to local church and the

ethics committee restrictions, this was not possible (see Ethical Considerations). Observation of the church services at the large church was conducted over one weekend. A research journal was maintained which assisted reflection and interpretation of the data through a more personal lens. Wave two and wave three survey distributions resulted in the following composition of the case:

- 40 Generation Y participants; plus
- 25 older generation participants.

There is disagreement as to what birth dates constitute differing generations within the literature. However, it is the common life experiences that give members of a generation their group identity, not their year of birth (Hughes 2007, p. 22). Generation Y has been defined as someone born between 1981 and 1995 (Mason, Webber & Singleton 2007). Participants in the Generation Y group fall within this range. The next year of birth of any participant prior to 1981 is 1973, providing a clear difference in the life experiences of the Generation Y and older people in this study.

Instrumentation

A 24-page self-administered questionnaire was distributed to the purposively selected members of the identified churches (see Appendices Three and Four). The questionnaire contained 164 items. Twelve open-ended questions asked participants to document stories that illustrated their journey towards their current spiritual wellbeing and practices they found helpful in enhancing their spiritual wellbeing. Family stories documented by participants exploring various factors related to the phenomenon were collected from both young people and older participants. The

survey also contained 138 Likert scale questions, 8 multiple choice questions and 6 demographic questions. The quantitative questions were constructed from three standardised scales: family satisfaction scale (Olson, Gorall & Tiesel 2006), spiritual wellbeing scale (Paloutzian & Ellison 1991) and adolescent resilience questionnaire (Gartland et al. 2006). These scales were supplemented by questions developed from the literature that were later constructed into scales during the analysis. Surveys were returned in sealed envelopes via reply paid mail. Embedded in the questionnaire were two wellbeing outcomes measures—spiritual wellbeing and adolescent resilience. Numerous variables effectively measuring the influence of the interacting systems were included in the questionnaire—see Table 8.1. (A copy of the adolescent and adult survey are included as Appendix Three and Four.)

Construct validity of instrumentation

The construct validity of the questionnaire is partially dependent on the reliability of the individual scales included in the questionnaire and the theoretical underpinning of the developed questions. These two points will now be discussed. In developing the qualitative survey questions the denominational standards as articulated in the Assemblies of God in Australia United Constitution 2007 have been considered as outlined in Chapter Five. The term ‘spiritual wellbeing’ was utilised in the data collection in an effort to avoid the confusion that the terms ‘religion’ and ‘spirituality’ cause for members of the AOG in Australia church. Spiritual wellbeing was demonstrated in the wave one study to be a term that members from this denomination could relate to and it stimulated the documentation of relevant

incidents, allowing the researcher to engage with the phenomenon of spiritual wellbeing.

Wave one distribution of the questionnaire was implemented to assess the use of the language used in the qualitative questions and the ability of the quantitative questions to generate intended data. Following wave one, minor modifications to the language used on one open question was made to the survey. Consistent with the case study approach utilised in this study, the cases from wave one informed the subsequent analysis and case study report and is not presented separately in this dissertation. The validity and reliability of the different scales within the questionnaire is presented below.

1. Spiritual wellbeing scale (SWBS) (Paloutzian & Ellison 1991)

This SWBS is a 20 item self-report instrument used to measure spiritual wellbeing with two sub-scales each consisting of 10 items; the religious wellbeing scale (RWBS), and the existential wellbeing scale (EWBS). This tool is based on the definition of spiritual wellbeing by Ellison (1983) as 'the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness' (p. 331).

The SWBS uses a six point Likert scale for each question: possible spiritual wellbeing score from 20 to 120 with 20–40 (low spiritual wellbeing), 41–99 (moderate spiritual wellbeing) and 100–120 (high spiritual wellbeing), (Poloutzian & Ellison 1991). Poloutzian (2002) reports that more than 20 years since its development, the SWBS is perhaps the most widely utilised scale to assess spiritual wellbeing and has

consistently demonstrated good reliability. Reliability test-retest results range from .82 to .99 (Bufford, Paloutzian & Ellison 1991; Poloutzian & Ellison 1991). In a more recent research project by Hendricks-Ferguson (2008), which also explored adolescent spiritual wellbeing, Cronbach's alpha for the SWBS was reported as .93. Chiu et al. (2004) also report that the SWBS has established reliability and validity, and is extensively used. Likewise the reliability of the two subscales has equally good reported alphas. RWBS alphas range from .88 to .99 and EWBS alphas range from .73 to .98 (Bufford, Paloutzian & Ellison 1991; Poloutzian & Ellison 1991). This is also demonstrated by Hendricks-Ferguson (2008) with reported alphas for RWBS of .94 and for EWBS of .86.

The construct validity of the SWBS has been demonstrated through the wide acceptance of the SWBS in the literature and through the theoretically driven hypothesis testing over the years (Hendricks-Ferguson 2008). However, the construct validity of the two subscales, RWBS and the EWBS has been questioned, despite having acceptable reliability (Slater, Hall & Edwards 2001).

2. Family satisfaction scale (FSS)

The family satisfaction scale (FSS) is a 10 item scale assessing family satisfaction, cohesion, communication and functioning. The current 10 item scale is included as one of six scales within the well known FACES IV (Olson, Gorall & Tiesel 2006). FSS, originally developed by Olson and Wilson (1982) has reported alpha reliability of .92 and a test-retest reliability of .85 (Olson, Gorall & Tiesel 2006). Underhill et al. (2004) report internal reliability of a modified FSS with Cronbach's alphas of .94 at 12

months and .95 at 60 months. These results compare to the original alphas at .92 and a test-retest reliability alpha of .75 at five weeks (Olson & Wilson 1982). In a more recent research project by Underhill, LoBello and Fine (2004) internal consistency reliability was demonstrated with Cronbach's alpha for the FSS at 12- and 60-month as .94 and .95 respectively and support for the validity of the FSS with their sample of survivors of traumatic brain injury.

3. Adolescent resilience questionnaire (ARQ)

The Adolescent Resilience Questionnaire used in this research project is a self-administered questionnaire. The ARQ was first reported by Gartland et al. (2006) and is the first Australian measure of resilience in adolescents. The Adolescent Resilience Questionnaire (ARQ) was developed:

> to include the range of factors utilised by adolescents in successfully navigating adversity, to ensure development of a comprehensive measure. The ARQ is unique among the few resilience measures currently available in that, based on a nested ecological model of resilience, the measure includes not only individual characteristics, but factors from all the social domains relevant to adolescents—their family, peers, school and community (Gartland 2009, p. 172).

The ARQ was developed as a multidimensional measure of resilience in contrast to most other currently available resilience measurement tools, which include individual factors of resilience only. Questions across five interacting systems of self, family, peers, school and community explore the connections and strengths in each area incorporating a interacting systems approach to measurement of resilience. It is appropriate for individuals aged 12 to 18 years of age. The ARQ-Rev2 was used in

this study. Scoring the questionnaire requires reversing of negative items and summing the items within each scale (Gartland 2009, p. 196). It is not possible to compare individual scores to population norms, as this data is not available. Although the ARQ-Rev2 is currently under further development to strengthen reported construct validity data, it has acceptable reported reliability. Ten of the scales have good reliability, with a Cronbach alpha coefficient ranging from 0.7 to 0.9. The remaining two scales have adequate reliability, with further work progressing to increase their alpha reliability (Gartland et al. 2006). At the time of the study there were no other published studies, outside of the original authors work, utilising the ARQ.

4. Other scales included in the questionnaire

Other questions and variables included in the survey and constructed into scales were theoretically based on the following sources:

- Spiritual practices scale (SPS): Participants' spiritual practices and beliefs were assessed through 11 questions developed from the Spirit of Generation Y research by Mason, Singleton and Webber (2007). This was also adapted to assess the spiritual practices of the family implemented together. A higher score indicates higher frequency of engaging in these spiritual activities.
- Church family strengths (CFS): Participants' satisfaction with family strengths displayed between members of their attending church was assessed through six questions based on the international family

strengths model by DeFrain and Asay (2007a). A higher score indicates the more satisfied the participant is with the expression of family strengths amongst church members.

- World-view scale (WVS): Participants' world-view and spiritual beliefs were assessed through 10 questions based on survey questions developed by Barna (2003). This World-view scale assessed the participant's acceptance and understanding of a biblical world-view.

Although these three scales have construct validity, there are no reported reliability statistics.

Data analysis

Wave one data analysis was based on classical content analysis (Hansen 2006; Leech & Onwuegbuzie 2007). This provided an effective means of getting to know the data from the participants' perspectives and the potential themes that may arise during subsequent case analysis.

Wave two and three data analysis was based on abduction. An abductive data analysis method is designed for managing, describing and exploring complex, unstructured data from both qualitative and quantitative sources while creating new ideas and theories (Morgan 2007). Morgan (2007) continues 'abductive reasoning moves back and forth between induction and deduction—first converting observations into theories and then assessing those theories through action' (p. 71). This inspired free movement between the thematic (inductive) and statistical (deductive) analysis of the data leading towards a concurrent form of analysis (Creswell & Plano Clark

2007). Eisenhardt and Graebner (2007) state that 'inductive and deductive logics are mirrors of one another, with inductive theory building from cases producing new theory from data and deductive theory testing completing the cycle by using data to test theory' (p. 25). Locke (2010) concludes 'abduction is the process of forming a possible explanation involving an imaginative effort to understand on the part of acting and learning in a world' (p. 1) through which new theoretical insights are generated.

The analysis in this study began with a careful and time-consuming reading of the cases' hand-written responses to develop themes and construct hypothetical connections between spiritual wellbeing and the interacting systems of the family and the local church. I read the testimonies, thought about them, constructed categories and themes, and came to tentative conclusions. NVIVO was used to assist with the case study analysis. Quantitative data were explored in light of the developing theories using SPSS to identify the associations and relationships between factors important to this group of participants and their spiritual wellbeing. Then I discussed, and debated my developing ideas with my supervisor and external research consultant. The relationships identified in the deductive analysis were then explored inductively across the data obtained from all the participants. Descriptive analysis of the themes identified are supported with quotes from the participants. The results of this abductive analysis is presented in Chapter Eight. This thematic analysis method follows the process as described by DeFrain in two publications, DeFrain et al. (2003) and Skogrand et al. (2007). Hansen (2006) identifies this style of thematic analysis as

iterative thematic analysis in which the researcher identifies ‘recurring patterns of interest in the data’ (p. 139).

A multicase study analysis for common themes across the six Generation Y participants (cases) was then completed; identifying common themes relevant to the participants. The multicase study analysis was inspired by the with-in case analysis techniques utilised in case study strategy. Paterson (2010) identified that with-in case analysis is an in-depth exploration of a stand-alone case found with-in the case study useful to explore how the processes or patterns revealed in the data support, refute or expand the findings from the study. The aim of this with-in case analysis is to generate further understanding and description of the phenomena. In this study, the six Generation Y participants form the stand-alone multi-case study. The within-case styled analysis is presented in Chapter Nine.

The findings identified during the abductive analysis process were considered in light of the descriptive theory and analysis progressed to the development of a model that is presented in Chapter Ten. An important method of enhancing internal validity of a study, especially one with a qualitative design, is member checking—checking with the participants of the study for confirmation. Member checking may involve participants checking the transcript of their contribution or checking the development of the emerging propositions (Punch 2005). One of the participants in the wave one distribution checked the final case study report and the developing propositions. This process maintained necessary anonymity yet provided a low level of member checking and internal validation of the developing ideas. No member

checking was possible from the wave two and three distributions as these participants were anonymous.

As a case study draws on multiple sources of data, as outlined earlier, data analysis frequently moved between sources. The triangulation across the sources of information supports the validity and reliability of the findings (Bazeley 2009a; Miles & Huberman 1994). The individual case analysis is not presented sequentially in this dissertation, as is sometimes the norm in case study reports. Instead, the presentation of case analysis in Chapter Eight commences with an introduction to the local church and the six Generation Y participants followed by the deductive then the inductive analysis results. This is a pragmatic decision due to the size of the dissertation if all cases were presented separately, prior to the multicase presentation.

Six individual participants is an acceptable number of cases for a multicase study (Stake 2006, p.22). Combining the Generation Y participants with another 25 older generation participants would result in an unmanageable study. As such, these older generation cases were not analysed as part of the multicase thematic analysis; rather they were used to illuminate the Generation Y multicase analysis. (Comments sourced from the older participants are identified by a case number following the quote.) Combining all 65 participants results is acceptable power for some quantitative analysis, although this remains a small-*N* study. At the same time, however, the study generated a smaller sub-sample within the quantitative analysis in relation to adolescent resilience (ARQ n = 22). Small sub-groups of variables of interest often occur within larger mixed methods studies and samples. (For example

see Churchill et al. 2007, p. 287.) Understanding the limitations of statistical results generated through a small-*N* study is important to ensure credible interpretation (Bergman 2008). The intention of the deductive analysis was to identify relationships pertinent to spiritual wellbeing that could be considered in light of, and gain meaning from, the thematic analysis. Although causation may be implied in regression analysis, it is not the intended use for the outcomes presented in this study. By triangulating the deductive analysis with the identified themes and other inductive analysis of the study, the different findings proved to be complementary in the overall interpretation, shedding interesting new light on spiritual wellbeing. Due to the concurrent nature of the analysis, the qualitative and quantitative analyses could not be kept independent of each other and the potential for the analysis to contaminate the independent conclusions of each is evident.

To identify associations useful in answering the research questions, bivariate, one-tailed correlations using SPSS were explored. One-tailed was selected due to the descriptive theory allowing a predictive element to the statistical analysis and adoption of the more cautious approach requiring a smaller statistic to find a significant result (Field 2005, p. 30). (The Pearson product-moment coefficients for the variables of interest in this study are presented in Appendix Seven.) Meyers, Gamst and Guarino (2006, p. 115) discuss the interpretation of correlation coefficient magnitude and note that in the absence of context, correlations of .5, .3, and .1 can be regarded as large (or clear), moderate and small respectively. Context however, is an important consideration in interpretation of correlation magnitude. For the sample size used in this study, correlation calculations reported are moderate to large (*n* 22–

56; degrees of freedom 20–54). This fact, and the context of these families (42% of these families had adolescent members), are both considered when presenting the interpretations from the identified correlations.

In all parametric testing undertaken, a significance level of <.01 was used. This strict significance level was established to account for the possible bias resulting from small sample size. It is therefore important for the sample size to be considered and the assumptions of parametric data tested. If the assumptions are violated, the statistical results may be biased and the interpretation inaccurate (Tabachnick & Fidell 2001).

Testing assumptions of parametric data

Field (2005) identifies four basic assumptions of parametric tests that must be met for parametric test results to be accurate. These are:

1. normally distributed data;
2. homogeneity of variance;
3. interval data; and
4. independence.

If the data fails to meet the assumptions of parametric tests, the results generated from these tests are likely to be inaccurate. Initial inspection for univariate outliers is required prior to multivariate creation. Once the multivariates have been formulated, assessment for multivariate outliers is also necessary (Meyers, Gamst & Guarino 2006). Univariate and multivariate assumption testing was completed without

any concerns identified (Meyers, Gamst & Guarino 2006, p. 67–71). Following is a summary of the assumption testing covering the distribution of the data, homogeneity of the variance, level and independence of the data.

Normally distributed data

Hypothesis testing using parametric tests assumes that the data are from a normally distributed population. When the sample is drawn from the population, it is important that the data available reflect a normal distribution, so that the analysis results are meaningful to the whole population. Case studies, however, do not draw a sample from the whole population. None-the-less distribution of the quantitative variables remains an important assumption to consider. For this data the distribution of the FSS, SWBS, ARQ, WVS and the CFS variables were evaluated for normal distribution.

There are various methods of testing the distribution of the data. The first approach is to review the histograms, descriptive statistics and boxplots of univariates, and compare to the normal curve. In the analysis of the descriptive statistics and the boxplots, outliers are identified. Outliers may indicate errors in the data entry. However, once the data are cleaned and the errors are corrected, an outlier can indicate that a case does not belong in the intended sample. Alternatively the outlier may indicate that the variable has a non-normal distribution. Small samples in particular have an increased chance of displaying non-normal distribution data.

Relevant histograms of the data in this study were examined. From the descriptive statistics results, skewness and kurtosis once converted to a z-score

indicated the shape of the distribution. The z-scores are compared to the expected values from the normal curve. The table of z-scores for the variables was examined. From these tests of normality the FSS, CFS and ARQ variables all demonstrated acceptable normality. The SWBS and the WVS did not demonstrate normality. This is an anticipated result of the theoretical sampling employed for this study. The participants were identified for their theoretical acceptance of the biblical world-view and familiarity with the phenomenon of spiritual wellbeing. These tests for normality demonstrate that the sample was appropriately selected for the study on these two characteristics, as they were positive for these characteristics.

Grayson (2004, p.111–113) argues against normalising the data when the empirical or scientific implications outweigh the statistical benefits, as transforming the data results in altering the constructs originally measured. Fu, Winship and Mare (2004) agree and identify that such instances occur where there are 'rich substantive connections between the selection process and the outcome of interest' (p. 412). This study reflects such a situation, where there is a direct and substantive connection between the selection process and the outcome of interest. Considering that the selection model used in this case study is a theoretical sample for the independent variables SWBS and WVS, the parametric assumption of normal distribution has been relaxed and the two variables accepted for inclusion in subsequent parametric testing. When non-parametric tests were available, these tests were completed to assess the implications of this relaxing of the parametric assumptions for SWBS and WVS scales. All non-parametric testing demonstrated equal significance of results. Therefore, only parametric results are provided in this dissertation.

To identify potential problems caused by outliers, two possible outlier cases, Y3 and Y4, were examined. Y3 was a possible outlier for all variables and Y4 was a possible outlier for the SWBS variable. Exploration of the demographic data related to these two cases showed Y4 was not an established member of the church but a visitor to the youth group on the night that the survey was distributed. Y4 and her parents are not members of the church. It is a regular church function to involve new participants in the church activities. Y3 is a member of the church, but her demographic details and the results indicate that she and her family were experiencing stress, possibly due to a recent family breakup at the time of the survey. As Y3 was adapting to the new family arrangements, this result may be atypical for her.

Exploring families in crisis is beyond the scope of this project and this single case did not have sufficient data to become a divergent case for comparison (Bazeley 2009a). Meyers, Gamst and Guarino (2006) citing Cohen et al. (2003) believe that outliers should be left in the sample if they are less then 1–2% of the *n* and not very extreme. Throughout this study any potential outliers are few and do not display extreme results. The inclusion or removal of these two cases did not significantly alter the results. Therefore both cases were included in the parametric analysis. Neither Y3 nor Y4 were one of the six Generation Y cases used in the multicase study—rather they were included in the parametric testing of participant data.

Homogeneity of variance

Homogeneity of variance indicates that the variance in one variable is consistent with the variance in the correlated variable. When assessing whether the data meets the assumptions of parametric tests, homogeneity is completed during correlational analysis. The correlations presented in Appendix Seven demonstrate adequate homogeneity of variance.

Interval data

This survey has collected data on the variables predominately using Likert scale responses. As a result, the individual variables included in parametric testing are constructed from summative response scales. There is debate over the use of summative scales at ordinal or interval levels of data. In survey analysis, scale construction is a popular method of examining the data. Summated scales use the addition of numerous responses to create a new variable. Summated scales that use ordinal data theoretically remain at the ordinal level. However, due to the large number of different scores that the scale generates, the scale variable approximates a true interval variable and 'summated scales are routinely treated as though they are interval/ratio variables' (Bryman & Cramer 2004, p. 22). Meyers, Gamst and Guarino (2006) agree stating 'researchers have added the scale points, have taken means, and have used these measurements in statistical analyses that ordinarily require interval or ratio measurement to properly interpret the results. In our view, this treatment of summative response scales is acceptable, appropriate and quite useful'

(p. 23). In the analyses of data, the constructed summated scale variables are accepted as appropriate for use in parametric testing.

Independence

This assumption requires that the data from each participant is independent from each other. Survey distribution, as previously explained, enabled confidentiality between family members and ensured independence.

Ethical considerations

The main ethical risk considered in the application to the Human Research Ethics Committee of the Australian Catholic University (HREC) was the vulnerability of children participating in this study. Children (people below the age of 18 years old) are most vulnerable due to their diminished capacity to act autonomously and their susceptibility to coercion (Liamputtong 2007). Participating in this study provided an opportunity to discuss and reflect on participants' own spiritual journey and their values, attitudes and contributions to family, church and community life. Opportunities for family discussions between parents and/or between parent(s) and children may also have arisen.

All individuals remained anonymous at every stage of the survey. In the information letter to participants, individuals under the age of 18 were encouraged to discuss participation in the research with a parent (if available). However, minors were able to give informed assent to participate in this project after reading the information letter (see Appendix Five). Self-sealed envelopes were used to protect

the anonymity of each participant. The survey fulfilled the requirement of NHMRC for obtaining assent from minors by only containing questions that minors could competently understand and complete. This was determined through examining the construct validity of the individual scales, noting that they had previously been successfully implemented with young people, and seeking expert opinion on the construction of the qualitative questions. The ethical issues of concern related to the inclusion of children are: anonymity, assent, coercion, parental discovery of previously unknown behaviours, and confidentiality. The consideration of these issues created ethical constraints that restricted the researcher's ability to explore the phenomena differently to that which was achieved. (For a copy of ACU HREC approval see Appendix Six.)

Anonymity and assent

The HREC required restrictions to be implemented in this study related to the anonymity of minors. Wallace (2010) identified that anonymity creates methodological challenges for the case study researcher and must balance the competing needs of the study. Numerous methods were implemented to avoid all possible identification of minors. The survey was returned through reply paid addressed envelopes, without a consent form. Return of the survey is recognised as a valid means of gaining consent and assent to participate in the study. An information sheet was included in the material distributed to participants.

Concerns over covert verses overt methods and the depth of the case study is traditionally an area of major ethical consideration when implementing a case study.

Covert data collection methods, such as participant observation, have been successfully utilised in case studies, for example, in the famous study 'Middletown a study of modern American culture' by Lynd and Lynd, 1957 (Yin 2004). Data collection methods that resulted in any potential threat to participant anonymity were excluded. As a result, the researcher avoided interviews with the participants, participant observation at youth and church activities through which identification could occur, and demographic data that could result in any potential identification.

Coercion and confidentiality

Coercion of minors to participate in the study through parental or church leader encouragement, and parental discovery of minors' responses, were controlled primarily through the survey distribution method. Completion of the survey in the participants' own time and place, and the sealed, reply paid envelope for survey return, also provided good control. Instructions on the survey indicated that individuals were free to withdraw from participation, even if parents or leaders had requested it. Providing a sealed envelope for participants' surveys was designed to empower the participant to decide to complete the survey, or not, confidentially. The effectiveness of this method was demonstrated in the return of an uncompleted survey sealed in an envelope.

Other ethical issues to disclose

This research is conducted from an emic perspective as I am a member of the Assemblies of God in Australia. Emic refers to the way a member of the culture views

the world, and is often called by ethnographers as the ‘insider’s view’ (Polit & Beck 2004). A researcher sharing characteristics with the participants may cause a (dis)advantage through insider knowledge. Insider knowledge however, ‘can be advantageous to the extent that it allows the researcher special insights into issues that those under study experience’ (Kompf 2010, p. 39). This personal understanding of the biblical world-view provided access and an ability to understand the cases. Care has been taken to avoid over-interpretation of the data. I had never previously attended the larger church from which the case is drawn, nor had I any personal connections to these participants. The paticipants from wave one distribution are members of a church that I once regularly attended. All cases from this church are greater than 18 years of age and consent to participate was granted through survey return. Participant safety was ensured through survey anonymity. In negotiating access to the congregations, the leaders of the larger church requested that the church identity remained anonymous. As this study is about the participants and their spiritual wellbeing, the identity of either local church is not significant. All efforts to maintain the anonymity of the church have been made. Consideration was also given to disguising the denomination however it is believed to be integral for contextualisation of the case study without compromising anonymity. The relationship between the researcher and the participants is close enough to facilitate understanding, yet distant enough to generate trustworthiness.

Trustworthiness

Any research study needs to establish its trustworthiness; that is, the degree of confidence someone can have in the presented findings (Polit & Beck 2004). For research results to be trustworthy Hansen (2006) identifies that the rigour of a study is paramount. This is determined by examining the credibility and dependability of qualitative research and the validity and reliability of quantitative research. Hansen (2006) identifies five techniques to enhance rigour: purposive sampling, triangulation, respondent validation, transparency of methods, and a researcher's reflexivity.

This study's trustworthiness is mainly demonstrated by its research rigour, which incorporated all of the above techniques, excluding extensive respondent validation. This study's rigour is also based closely on techniques explained by eminent researchers and methodologists, as noted within Chapter Six (in particular Bazeley 2007, 2009a, 2009b; Miles and Huberman 1994; Stake 2006; Yin 2003a, 2003b). The internal validity of the questionnaire is based on the well established reliability of the constructed instrumentation (presented earlier in this chapter) and the strong underpinning of theory and literature (presented in Part 1). The study has incorporated sound sampling techniques for both qualitative and quantitative components and demonstrated transparency throughout. The reliability of the quantitative component does not rely on a randomised cohort; rather on the construct validity of the different measures and the strong justification of inclusion, based on purposive sampling. Reflectivity is demonstrated through the emic perspective and declaration of author intentionality. The study, however, could not undertake more

than the one identified instance of respondent validation due to the requirement for minor participants' anonymity.

Trustworthiness of a study is however also determined by the study's ability to accommodate the explicit pressures emanating from established research parameters and ethical considerations. These pressures alter the lens through which the phenomena of youth spiritual wellbeing can be addressed in this study through a potential narrowing of the scope of the research and lens of the dissertation. The research's response to the tensions raised in Part Two has ramification to the overall trustworthiness of the study. This begs the questions, is there a middle ground between scientific normatism and naturalism that is the way forward in researching spirituality and related associations? Finding such middle ground may enhance theoretical generalisation of similar case studies.

This case study does not attempt to compare the findings from this group of people with findings from people with other world-views. Nor does this research propose that the findings from the participants attending this local church following a Judeo-Christian world-view are transferable to people with other world-views; or the findings from the participants following Pentecostalism transferable to people following other Christian denominations.

Conclusion

The phenomenon of spiritual wellbeing is inherently difficult to research. Not only is it elusive to measure, the insights a researcher gains are often contentious. As with all research endeavours, strong research design is necessary so that such studies can

stand up to thorough critiques. This multilevel cases study design, incorporating both single case and multicase study techniques, in a mixed methods approach provides the research rigour whilst maintaining the necessary flexibility to investigate the phenomenon of spiritual wellbeing.

This dissertation will next present Part Three the case study report and findings. Chapter Eight has a focus on the deductive analysis of the quantitative data and commences with an introduction to the case study context. Chapter Nine has a focus on the inductive analysis of the qualitative data and commences with an introduction to the six Generation Y people who are the focus of the multicase analysis component. Chapter Ten presents a discussion on the case study report in light of the descriptive theory presented in part one and the conclusion to the case study. This dissertation is then finished with an Epilogue.

PART III: THE CASE STUDY REPORT AND FINDINGS

CHAPTER EIGHT: AN ABDUCTIVE EXPLORATION OF SPIRITUAL WELLBEING

Chapter Eight presents the report on an intergenerational group of participants bound together through belonging to the same church group and as people for whom spiritual wellbeing is of major significance, that is they are 'engaged' with their spirituality type. The local church that the participants attend is firstly introduced to provide contextualisation of the report. The relationships among covariates associated with spiritual wellbeing and adolescent resilience identified are then presented. The major association identified from the correlation coefficient analysis showed that there was a clear association between adolescent spiritual wellbeing and adolescent resilience. The subsequent path analysis demonstrated spiritual wellbeing acts as a dominant mediator between spiritual practices and adolescent resilience and between family church network and adolescent resilience. Finally, thematic analysis is used as a way of exploring how the identified relationships work in the lives of these participants.

Introducing the local church

The church that the participants in this study attend has a long and significant history in the Pentecostal movement in Australia, being involved in the establishment of the AOG in Australia in 1937 (Cartledge 2000). Participant observation was undertaken at the two public meetings this church conducts weekly, which have an attendance of approximately 600 in the smaller service on Saturday night and greater than 1200 on

Sunday morning. The environment of the meeting is a large, older design, purpose-built building. It is not a modern building, inside or out, however the church service utilises modern multimedia resources. Prior to the commencement of the service, as you enter the foyer from the street, a large screen displays a countdown to the commencement of the service. As this countdown gets closer to the start time, people in the foyer hurriedly make their way into the auditorium in anticipation of the start, which commences with a final countdown from 10 seconds. On zero, the 10 piece band, and six singers backed up with a ten-plus strong choir, burst into song. People spontaneously join in the singing. Live images from the stage and the words of the current song are projected onto two larger-than-life screens located either side of the stage. Camera operators move around the stage to capture live footage of the different musicians and singers and pan the auditorium for live images from the congregation to be displayed on the screens.

This church employs multiple male and female pastors and offers numerous activities and groups. There are groups specifically targeted for every age group and life stage, as well as multiple cultural groups. Groups are available for families with new children, children from preschool to primary school age, youth throughout high school, young adult from 18 to 35, seniors, women, men, and community volunteer groups who undertake welfare and community service.

Demographics of the participants and data sets

Stake (2006) recommends that a case report should 'conceptualise the case in various ways to facilitate learning about the quintain…The quintain is something to be

described and interpreted' (p. 83–84). To aid the analysis the quintain was divided into various data sets. The whole intergenerational group of participations can be broken into two data sets—the Generation Y data set (n = 40) and the older data set (n = 25).

The first data set is constructed from forty Generation Y participants (year of birth 1981 to 1995) and contains two sub-groups. The first subgroup (n = 22) is the adolescent participants (year of birth 1988 to 1995) who are identified by the term 'the adolescents', or n= 22, when utilised as a discreet group in the quantitative analysis. The second subgroup made from six Generation Y participants is utilised for the multicase style analysis presented in Chapter Nine. These six Generation Y participants are individually introduced at the beginning of Chapter Nine. Pseudonyms are used to identify these six Generation Y participants throughout the report when their comments are presented throughout chapter eight and chapter nine. There is no quantitative data analysis of these six participants as a subgroup or of the forty Generation Y participants as a data set.

The second data set of older participants is constructed from twenty five participants born before 1981. The data from these participants are utilised in both the qualitative data analysis and in the quantitative data analysis when combined with the forty Generation Y data set to form the intergenerational group of participants. There is no quantitative data analysis of the second data set of older participants by itself presented. Table 8.1 outlines the number of participants who completed the different questions, instruments and scales.

Table 8.1. Number of participants completing the various components of the questionnaire.

Generation (Year of birth)	Open-ended questions	SWBS	FSS	ARQ	SPS	CFS	WVS
Year of birth before 1981	25	25	25	n/a	25	25	25
Generation Y (year of birth 1981–1995)	6	40	40	22	40	40	40
Total who completed each section	31	65	65	22	65	65	65

The following discussion presents results from the quantitative data analysis of the combined intergenerational group of participations (identified by n>22) and the adolescent sub group (identified by n=22).

Exploring spiritual wellbeing: The relative influence of factors

This study collected empirical data that allowed the relationships among covariates associated with spiritual wellbeing to be explored. The major association of interest identified from the correlation coefficient analysis showed that there was a clear association between adolescent spiritual wellbeing and adolescent resilience (r = .769, p (one tailed) < .001 n = 22). In light of this association, this section of the report

will present the outcomes of further correlation coefficient exploring the factors associated with spiritual wellbeing and regression analysis exploring the relationship between spiritual wellbeing and adolescent resilience.

A major aspect of spirituality for these participants is their beliefs, called a Judeo-Christian or biblical world-view. The study assessed the participants' understanding and acceptance of a biblical world-view through the world-view scale (see Chapter Seven). Combining all groups of people in this study there was a clear association between acceptance of a biblical world-view and their spiritual wellbeing (r = .604, p (one tailed) < .001 n = 53). For the adolescents there was also a clear association between acceptance of a biblical world-view and adolescent resilience (r = .578, p (one tailed) < .01 n = 22). The personal spiritual practices scale is a sum of frequency of spiritual practices including reading the Bible, praying and church attendance. As expected, there was a clear association between biblical world-view and personal spiritual practices (r = .710, p (one tailed) < .001 n = 54) and a moderate association between biblical world-view and family spiritual practices (r = .371, p (one tailed) < .01 n = 53) for the intergenerational group of participations. These correlations indicate that a reported understanding and acceptance of a biblical world-view was associated with a possible increase in family and personal spiritual practices, spiritual wellbeing and adolescent resilience.

There was also a clear association between personal spiritual practices and spiritual wellbeing (r = .529, p (one tailed) < .001, n = 56). As a result of these people undertaking spiritual practices, an increased satisfaction with their spiritual wellbeing occurred. Lastly there was a moderate association between family strengths and

spiritual wellbeing (r = .400, p (one tailed) < .01, n = 56) for the intergenerational group of participations. Satisfaction with how the family functions was associated with the reported level of spiritual wellbeing. These correlations demonstrate that for these participants there was also an association between spiritual wellbeing and both personal spiritual practices and acceptance of a biblical world-view. Lastly spiritual wellbeing was associated with satisfaction of how family strengths were implemented in these families—see Appendix Seven for the correlations table.

Regression analysis for adolescent spiritual wellbeing and resilience

The data that inform this section of the findings were generated from the adolescent data set (n=22). Although it is common practice to attest significance to correlation coefficients, they do not demonstrate direction of causality (Field 2005). Directional causality from correlation coefficients may be theoretically proposed however, there is no statistical reason to support such theoretical conclusions. Field (2005) identifies that this limitation of correlation coefficients is overcome through regression analysis. Regression analysis seeks to describe the relationship between the dependent variable and one or more independent (or predictor) variables in a specific data set (Stolzenberg 2004). Some however, dispute the claim that regression models strengthen the ability to determine directional causality rather regression techniques simply reflects an assumed direction of causality (Maxwell 2008). Regression analysis is utilised in this report to explore the relationship between variables associated with spiritual wellbeing and adolescent resilience as outcomes (dependent

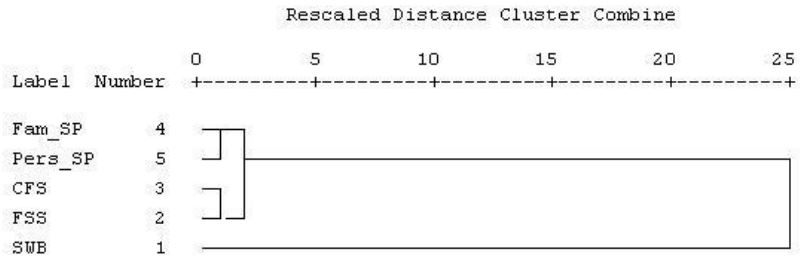
variables). The results from the multiple regression analysis remains theoretically supported for direction and causality only when considered in light of the descriptive theory presented in Part I to identify patterns in the data set. Secondly, considering the small sample size used, the models generated fit the observed data set only (Stolzenberg 2004). Conclusions beyond this study should not be made based on regression modelling alone (Field 2005). None-the-less, these regressions illuminate relationships between the identified predictor and dependent variables within this study.

The research resulted in a large array of variables within the data that demonstrated relationships through correlation coefficients. Regression was identified as an appropriate means of exploring associations amongst these variables. The analysis however, required an appropriate strategy to deal with the selection of logical predictors and the small sample size, restricting the number of variables (predictors) regression equation could accommodate to two predictors. Field (2005) recommends selecting predictors based on their substantive theoretical importance. The correlations available were examined for theoretically appropriate predictors using the descriptive theory and the completed analysis. A second strategy was developed to accommodate the small-*N* limitations. To allow more than two independent variables to inform the regression modelling, appropriate composite variables were created to be utilised as the predictor variables.

Using the descriptive theory presented to direct data reduction, hierarchical cluster analysis was utilised to determine the clustered (related) variables most appropriate for inclusion in subsequent principal component analysis. Numerous

dendrogram's illustrating variable clustering were examined to eventually identify the following four variables: church family strengths; family spiritual practices; personal spiritual practices; and family satisfaction. A final clustering of these four variables to spiritual wellbeing is provided in Figure 8.1.

Figure 8.1. Dendrogram using average linkage (between groups)



Abbreviation	Variable
Fam_SP	Family spiritual practices
Pers_SP	Personal spiritual practices
CFS	Church family strengths
FSS	Family strengths
SWB	Spiritual wellbeing

Principal component analysis is useful 'to reduce a data set to a more manageable size while retaining as much of the original information as possible' (Field 2005, p. 619). An exploratory analysis using the principal component extraction method and varimax rotation of the above four summated scales was conducted. Sample size has reported influence on the reliability of factor analysis and Field

(2005, p. 644) recommends conducting at least primary analysis with Eigenvalues over 1. Using the retention criterion of Eigenvalues greater than 1.0, a two-factor solution provided the clearest extraction. These two factors accounted for 76% of the total variance.

Table 8.2. Rotated component matrix

	Component	
	1 (family church network)	2 family consonance (spiritual practices)
Family strengths	0.849	
Church family strengths	0.888	
Family spiritual practices		0.866
Personal spiritual practices		0.839

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

These two components are used as composite variables to reduce the array of variables into two orthogonal principal components useful to explore the data through regression analysis. The first composite variable, identified as Component 1 in Table 8.2, is labelled ‘family church network’ in the regression model. The second

composite variable, identified as Component 2 in Table 8.2, is labelled 'family consonance (spiritual practices)' in the regression model. This approach of forming composite variables to be used as predicator variables in the regression analysis reduces the data set to a workable size whilst retaining the interconnectedness and contextual influences evident in the original data associated with spiritual wellbeing and adolescent resilience.

The composite variable family church network can be defined as the individual's satisfaction with the relationships they had with members of their family and with other church members. This composite variable is the combination of the two scales; *family satisfaction* and *church family strengths* (see Chapter Seven). The family satisfaction scale assessed the individual satisfaction towards the display of family strengths, while the church family strengths scale assessed the individual satisfaction with church members displayed family strengths. Family church network composite variable reflects the connectedness between the adolescent, their family and their church through assessing functional strengths in these inter-related systems.

The composite variable family consonance (spiritual practices) can be defined as the degree to which the family and the individual practised spiritual activities together. This variable includes the combination of the summated scales: family spiritual practices (How often does your family pray, read the Bible and talk about Christian matters together) and personal spiritual practices (How often do you pray, read the Bible and attend church services). Family consonance (spiritual practices) reflects the harmony between the individual and their family through their spirituality.

In regression equations, outliers can have a marked influence on the accuracy of the results, so the two composite variables were explored for outliers through following the processes outlined for testing of assumptions of parametric data in Chapter Seven. All assumptions were adequately met and all participants were included. Multicollinearity violation was not evident with tolerance values far in excess of .01. R^2 *adj* is used to interpret the regression results when the sample size is < 60 and the independent variables are numerous (Meyers, Gamst & Guarino 2006, p. 213). R^2 *adj* is a more conservative indicator of the variance in the dependent variable accounted for by the independent variables.

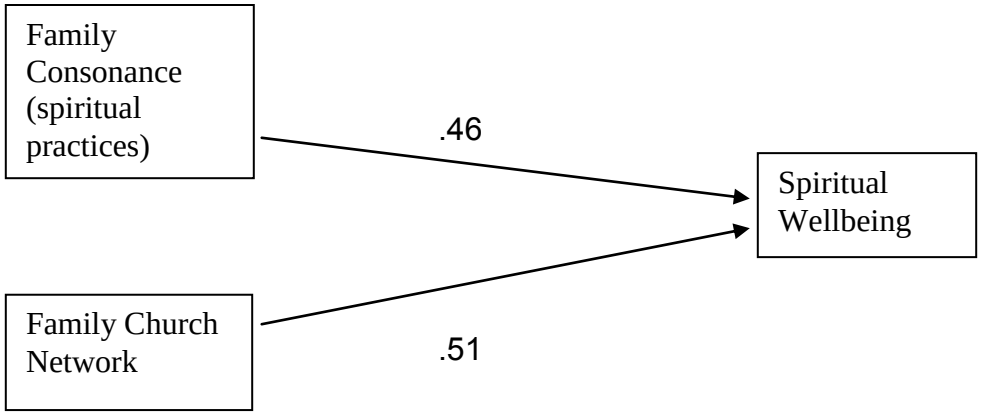
Multiple regression was initially conducted with adolescent spiritual wellbeing as the dependent variable and family consonance (spiritual activity) and family church network as predictor variables. Regression results are summarised in Table 8.3. R^2 *adj* = .49 F (2, 19) = 11.05, p < .01 indicates that a clear association exists between the weighted linear composite of the predictor variables as specified in the model and the dependent variable (Figure 8.2). Both independent variables (family consonance and family church network) contributed significantly to the prediction of adolescent spiritual wellbeing.

Table 8.3. Multiple regression table of results for spiritual wellbeing

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
Family Consonance (spiritual practices)	7.17	2.44	.46	2.94	.008
Family Church Network	8.14	2.49	.51	3.27	.004

Note R^2 = .28 for Family consonance; ΔR^2 = .26 for Family church network.

Figure 8.2. Multiple regression model for adolescent spiritual wellbeing with data values



Path analysis using a series of multiple regressions was conducted following the procedure outlined by Baron and Kenny (1986) to evaluate the interconnections

that arise through relationships within the family and the church as independent variables and spiritual wellbeing and adolescent resilience as dependent variables. Hypothesised causal influences are represented in a path diagram and the accuracy of the model is determined through controlling the direct and indirect effects of independent variables. In path analysis the researcher stipulates the causality of the relations in the theorized model and demonstrates the effect through standardised regression coefficients (beta weights). These are numerical representation of the strength of the relations between variables in the path when all other variables are held constant (Meyers, Gamst & Guarino 2006, p. 169; Vogt 1999, p. 209). A researcher controlled regression method was selected based on the descriptive theory presented in Part I. Multiple regression was then performed to compute beta weights and test the hypothesised influences to determine how well the model fits the data.

Assumptions of path analysis using multiple regression identified by Meyers, Gamst and Guarino (2006) were examined using the SPSS explore function and adequately met. These assumptions include: that the relations between the variables are linear; that variables are measured on at least a summative scale; predictor variables do not correlate too highly (see Appendix Seven). Regression analysis is also sensitive to outliers and careful control is necessary to ensure model validity. Data screening for assumptions of parametric tests demonstrated two potential outliers (as previously discussed). Regression modelling run using different restrictions on the data sets demonstrated no significant changes to the final model and as such all participants were included in the final standardized regression

coefficients. Regression analysis is also sensitive to highly correlated independent and dependent variables. A potential overlap between one domain in the compound variable family church network and one domain in the ARQ was explored. All alternative modelling failed to demonstrate any significant difference. This suggests that the ARQ domain of family connectedness and family availability does not overlap significantly with the family satisfaction domain of the family church network entered into the model.

Based on Baron and Kenny (1986), Markstrom et al. (2010, p. 68) state 'to establish a mediator model, the following steps must be established: (a) the independent variable (IV) significantly predicts the mediator, (b) the IV significantly predicts the dependent variable (DV) and (c) the mediator significantly predicts the DV, and the IV is either nonsignificant or takes a lesser role in the equation' when the mediator is present. To demonstrate the fulfilling of these conditions, regression analysis for each dependent variable in the model (spiritual wellbeing and adolescent resilience) was performed with family consonance (spiritual practices) and family church network as the independent variables. The regression model for spiritual wellbeing is presented above. As the path coefficients leading to adolescent resilience are generated from different regression analyses to the path coefficients leading to spiritual wellbeing, it is important that the same cases are captured in all regression analyses (Meyers, Gamst & Guarino 2006, p. 601). Any missing data and the differing data sets available in this study were carefully managed to ensure only the adolescent participants whose resilience was assessed are included in this presented modelling.

The final multistage respecified mediation model after trimming of non-significant paths from the hypothesised model is displayed in Figure 8.3. All regression analyses utilised the standard method. All path coefficients achieved practical significance as the beta weights are above .3 (Meyers, Gamst & Guarino 2006, p. 610). Statistical significance was set at <.01 to ensure that possible bias resultant from the small data set utilised is minimised. The results of this structural equation yielded a significant R^2 *adj* = .69 F (3, 18) = 16.40, p < .001. The hypothesised model included the effects of the family consonance (spiritual practices) and family church network directly on adolescent resilience as these were demonstrated to be significant independent variables on the dependent adolescent resilience. Once the regression controlled for the effect of spiritual wellbeing, these two paths did not remain significant at the .01 level. As a result the pathway between family consonance (spiritual practices) and family church network directly on adolescent resilience are removed from the final model. (Complete visual depiction of mediational modelling and tables of regression are presented in Appendix Eight.)

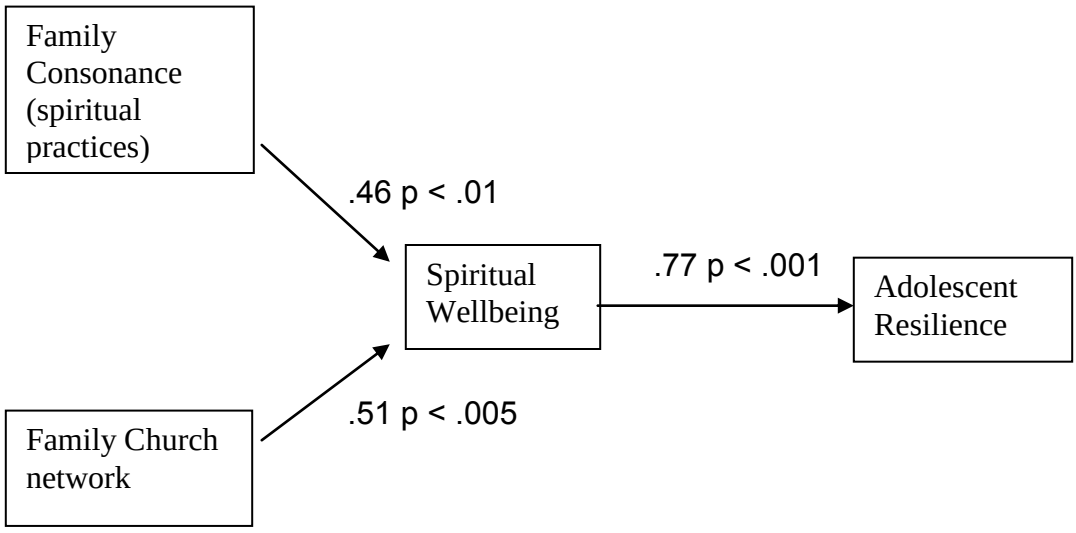
The path analysis demonstrated spiritual wellbeing acts as a dominant mediator between family consonance (spiritual practices) and adolescent resilience and between family church network and adolescent resilience, as depicted in this model. Spiritual wellbeing fulfils the conditions necessary for a variable to function as a mediator (Baron & Kenny 1986). The conditions demonstrated are:

1. When the pathway between the independent variables and spiritual wellbeing are controlled, the previously significant relationship between the independent variable, family consonance (spiritual practices), and

the dependent variable, adolescent resilience, is no longer significant. Likewise the previously significant relationship between the independent variable, family church network, and the dependent variable, adolescent resilience, is also no longer significant. This effect demonstrates that spiritual wellbeing acts as a mediator between the independent variables and adolescent resilience.

2. Variations in independent variables account for variations in the proposed mediator spiritual wellbeing.
3. Variations in the proposed mediator, spiritual wellbeing, significantly account for variations in the dependent variable, adolescent resilience.

Figure 8.3. Mediation model for adolescent resilience with data values



This multiple regression model presented in Figure 8.3 is an indication of how the variables interact with one another in a mathematical manner. Such a model has

a strong theoretical basis, as previously discussed. The important task of this study was to determine if these associations are complementary to the findings of the qualitative data and how these variables function in the lived experiences of the participants. The two predictor variables utilised in the regression modelling were theoretically transformed into two themes that could be explored in the qualitative data. The data that informs this section of the findings was generated from the whole intergenerational group of participations (n=56). These two themes align to the two composite variables utilised in the regression modelling:

- Theme one, participating together in spiritual practices—a spiritually aware family, aligns to the composite variable family consonance (spiritual practices) and
- Theme two, connected to a spiritual family—a spiritually aware community, aligns to the composite variable family church network.

Participating together in spiritual practices—a spiritually aware family

This theme will explore how parents encouraged the development of spiritual awareness in their children. The discussion will also examine the impact of being raised in a spiritually aware family for the Generation Y participants and how this may influence their spiritual wellbeing and resilience. ‘Spiritually aware’ families, in this report, are families who implemented spiritual practices together and who actively promoted spiritual wellbeing within their families. The term is not a comparison against any other parental behaviour. Rather these families have indicated their own

spiritual awareness throughout the quantitative and qualitative data. ‘Spiritually aware family’ is an apt term to describe this attribute of these families in this study. The term may have no relevance to other families not in this study. There has been no comparison made about the level of spiritual practices implemented or the type of practices these families adopted. All these families are recognised as being spiritually aware based on their self-reported efforts to encourage spiritual awareness, implement spiritual practices and to enhance spiritual wellbeing in their families.

Initially, these spiritually aware parents demonstrated to their children how spirituality is implemented through performing spiritual practices with their children. Parents identified that an important aspect of encouraging spiritual awareness in young children was to help them relate to God by praying together, talking about how to apply the biblical world-view to life situations, Bible reading and attending church services together, as these three parents revealed:

> We all gather to have a time of family prayers nightly. This is an opportunity to check how family members are going spiritually. 234

> I have two children and I believe in the power of prayer. Therefore, I pray alone, I pray with my wife and I pray as a family with my children. 96

> We all talk about correct behaviour and how things should be handled and pray together about issues of life and for blessing for our family. We encourage reading the word and praying and trusting God. 70

Spiritually aware parents hoped that that they could positively influence spiritual development in their children from an early age through performing spiritual

practices together. These parents spoke about how they strove to demonstrate their beliefs and practices so that their children could become spiritually aware. They recognised that one day their children would need to decide for themselves whether to accept the family's spirituality type and commitment level, as this parent reveals:

> My hope is that my children would understand why we pray and why we are committed to God and they would choose at some stage to build their own personal relationship with God. 96

In a study exploring the association between family processes and adolescent religiosity Day et al. (2009) found that adolescents who had good relationships with both their parents and who attended church services at least once a week with their family at the age of 16 were most likely to attend regular church services at the age of 20. When children independently continued to follow the family's spirituality, spiritually aware parents were pleased. One of the highlights in this parent's life was to see their children and grandchildren continuing in the family's spirituality they had taught:

> (A highlight of my life is) seeing my daughter and son-in-law and grandchildren knowing and serving God and His son Jesus Christ. 30

As children grew older, parents looked for examples of their children independently implementing spiritual practices. These parents recounted the impact acts of spiritual practices displayed by their children had on them. Children and young adult family members at times remind their parents of family beliefs or supported the parent in a significant and extraordinary act of spirituality. The independent spiritual actions of children enhanced the parent's spiritual wellbeing as these two parents recounted:

> My daughter wanted to support me so she also joined in the fasting and we prayed for the matter and God answered our prayers—I believe this helped my spiritual wellbeing. 90

> I recently started a new job and I felt that I was out of my depth with it, (not as qualified or experienced) and I started to doubt my ability, and my son started to remind me of all that God calls me (called, special, anointed, equipped) and he reminded me it is in my weakness that God shows Himself to be strong. 47

Participating in spiritual practices together for these families was an important aspect of the spirituality that also strengthened family connectedness and cohesion. Joshua has identified that implementing spiritual practices had a benefit of strengthening his family connectedness through creating some vulnerability with one another, an element that Joshua enjoys:

> I have always loved praying as a family. It is the communal side of this that I think draws me to it. A common understanding and almost that vulnerability of letting out our spiritual side in front of each other.

Joshua went on to recount what spiritual practices his parents, especially his mother, implemented in his family:

> Initially it was my parents who made me aware of my spiritual side. The most obvious demonstration of spirituality is praying at important events. We get around in a group and pray. Mum instigates it. Sometimes we chat about our faith, but it is usually mum who talks about what correct Christianity is and we just sit and listen, as it is usually uncomfortable to talk about - not that it's done in an aggressive way. And we also say grace at big feasts as well.

Participants also reported that participating together in spiritual practices was especially important during times of crisis and stress, because it built resilience, as Jaimie recalled:

> Through the hardest time in my life my family were praying for me. I knew they were and I believe it was their prayers that got me through that time. They took the time to drive me to church and youth group and camps and (other church) groups.

When the young people experienced times of personal and family crisis, they believed that the family spiritual practices assisted them to overcome the crisis. Spiritually aware families included children in spiritual activities implemented during a time of crisis as Jordan calls:

> A stay in hospital I had that was scary. Family prayed and were with me all the time. I had the faith that God would get me through it.

The parents in this study conveyed their spirituality and encouraged spiritual awareness in their children through demonstrating and practising together spiritual activities. Family demonstration of spiritual practices was one way parents attempted to generate children's spiritual awareness and influence children's personal development of spiritual behaviours. As children moved into adolescence, these spiritually aware parents continued to reinforce their teaching of spirituality with Generation Y members. Families encouraged spiritual wellbeing through discussions, praying for each other during times of need, and by parents facilitating young people's attendance at church and other youth related activities. The young people in

this study appeared to consider acts of care and support for them equally important as other spiritual practices for strengthening their spiritual wellbeing and resilience.

Connected to a spiritual family—a spiritually aware community

The language of the Christian community is one of family. The biblical world-view has a fundamental belief that Christians are members of God's family (Ephesians 2:19b). Recognising church members as family members however, is not a popular concept in all Christian denominations. During this candidature, I have experienced Christian church leaders' opposition to the reference of church members as family. This opposition may be due to the extent to which members within the Christian church in Australia are affected by child sexual abuse, mostly as victims, but with far too many as perpetrators (Parkinson 2003). Parkinson (2003) also identified that child sexual abuse is both falsely justified by distortion of, and causes distortions to, the biblical world-view of the church as a family by perpetrators of sexual abuse to justify their horrid acts. The implications to spiritual development and spiritual wellbeing of church members through the possible diminishing of the role of the spiritual family as a result of the history of child sexual abuse within the universal church are unknown. The participants of this study, however, did not appear to be opposed to view their church as a family.

The term 'church family' is commonly used by people who are members of the AOG denomination, when talking about members of their church. This term was utilised in this study's questionnaires and it was shown in the wave one study to be acceptable. Evidence of the term 'church family' can be found in the teachings of the

church (see Chapter Five). No participant expressed any hesitation with the term. However, another term was introduced by the participants, which expresses their deep connectedness to other church members.

The term 'my spiritual family' was used when talking about church members whom they had a close relationships with. Participants repeatedly indicated that they considered God as their father, while other members of the church were considered brothers and sisters. In exploring the relationships between spiritual family members it is salient to include God in this spiritual family, as the relationship with God is of great importance to the participants and functioned in many respects similar to a family relationship. This concept is consistent with the AOG teaching and with the biblical world-view and is a held belief of these participants as Vicky and other older participants express:

> Vicky…I will take my spiritual family.

> My spiritual family have helped me a lot. For example, a Christian sister meets with me every week to assist me with my spiritual walk with God. She taught me how to spend time with God, pray to God and read the Bible. She demonstrated through real friendship and love. Our meeting usually consists of sharing our problems or highlights in life and our devotional times. 78

> Knowing that I am loved and am a daughter of the King (God), having access to God's throne room at all times—this has completely transformed my relationship with God. 247

> A loving (unconditional love) Father God. 10b

> …my brothers and sisters at church. 15

For these people, being a member of this church was about being a member of a connected community of people. Within this church, members reported that their relationships with one another was similar to the relationship between members of a family and they related to one another through attributes similar to those outlined within the international family strengths model (DeFrain & Asay 2007a). This aspect of church relationships was examined in the survey using the church family strengths scale and included in the regression analysis previously presented. The following correlations also demonstrate this association.

This family style of relating to one another in the church had a relationship to spiritual wellbeing. There was a clear association between the demonstration of church family strengths and spiritual wellbeing (r = .435, p (one tailed) < .001 n = 56) for the whole group. The relationships between young people and church members also had an association to adolescent resilience. There was a clear association between church family strengths and adolescent resilience (r = .644, p (one tailed) < .01 n = 22) for these young people.

In efforts to cultivate a relationship with God, people gathered others around them who supported their quest to further their relationship with God and facilitated their spiritual wellbeing. The church was the main location outside the family where such support was reported as being found. There are two benefits, reported by the participants, from gathering to share common spiritual and religious practices. Firstly, the shared experience enhanced a personal spiritual experience and relationship with

God. Secondly, sharing spiritual practices strengthened connectedness to one another. Ben and another participant report on these affective benefits:

> Corporate worship on a Sunday, Saturday, Friday church and youth services. This is an incredible way to experience our creator and sense his presence in a real way. Being in a weekly Bible study group and corporate gatherings develops a sense of togetherness and unity when I worship.

> People outside of my family can provide an environment that either encourages or discourages my pursuit of a relationship with God and, therefore, my spiritual wellbeing. For example, if I am talking about how God provided an answer to my prayer and they have a positive response ('wow, that's amazing' for example), it can lift my spirits and spur me on to praying more. 236

The people belonging to this spiritual family demonstrated that they believed God loved them and that they were loved by the other people in this spiritual family. As a response to being loved by God and accepted by other members of the church, Jaimie demonstrates that she is prepared to be committed to the spiritual family:

> He has given me a love to love for His cause, not my own. My focus is to strive for unity. To be humble and lay down my life (thoughts, dreams, etc) for the cause of the local church. My church family encourages, inspires and challenges me.

This following older participant also recalled when other members of this spiritual family demonstrated this attribute towards them:

> I love other Christians who show God's heart of love where they are genuinely happy for you and happy to pray for you. When the family experienced difficulty last year I truly felt loved and supported by our church leadership and friends. 70b

The strength that seemed to be valued highly within the spiritual family was positive communication through talking and listening to each other. Positive communication involved communicating with God as well as with other spiritual family members. When the talking was with God, these people used the word 'prayer'. Joshua's comments on prayer demonstrate a sense of talking and listening to his God:

> I set aside time during the day (in the morning because then I have no excuses) to read the Bible (or about the Bible) and pray (1/2 hour). I am not sure I am satisfied with this, but it is the most I am setting aside at the moment. I try to pray for small amounts of time during the day as well, i.e. one or two sentence prayers. By prayer I mean confessing my sins, reaffirming God that He is the most important thing in my life, requests for things and for people. I don't spend much time listening; that is another thing which I have to work on.

Older participants also emphasised the importance of positive communication between spiritual family members, including God:

> When I was sick they (spiritual family members) supported me, found pastors to talk to and had everyone support me. 70a

> My friend Bev, when we catch up for a coffee we talk about spiritual things and she is able to give me answers to my questions. And we also like to encourage each other when we can. 15
>
> A Christian sister meets with me every week to assist me with my spiritual walk with God. She taught me how to spend time with God, pray to God and read the Bible. She demonstrated through real friendship and love. Our meeting usually consists of sharing our problems or highlights in life and our devotional times. She did that for a year consistently until I was able to 'stand' alone. 78

> I walk in the morning at 6am every day and talk and pray with God for an hour. 48

> The only way I can share my problem is with God – Jesus Christ as I have no one to talk to (at home). 78

The participants were asked to discuss what had been the high point in their spiritual life. For most people in this study their spiritual high point was an activity involving other people in their spiritual family. These people demonstrated that they enjoyed spending time together with others in their spiritual family, which involved attending youth camps, being involved in the activities and organisation of the church and doing things for others as Sam recalled:

> The high point for me has been serving as a leader in our youth group. I feel I have a positive influence over some teenagers and I feel that we are an encouragement to each other.

Likewise, in their research with rural low income families, Churchill et al. (2007) reported participants identified that 'community-based locations for fun included libraries, community centers, and churches. Some mothers described that community-based entertainment had the advantages of being lower cost and supporting the values that they felt were important for their children' (p. 273). A strong connection to a spiritual family, i.e. a local church, offers meaningful and enjoyable social opportunities.

The people in this study talked about how they appreciated God's help during stressful times in their lives and did not consider that God should have protected them from these crises. Rather they appreciated God's help and comfort during the

crisis. Ben recalled that experiencing God's assistance during a time of crisis has become a high point in his life:

> When my mum passed away I felt a real sense of God's strength and touch on my life. Even in the midst of pain and disaster the presence of the Holy Spirit impacted my life in an incredible manner. Definite high point of my walk/ spiritual life.

Other members of this spiritual family also reflected on the help they receive from their God during everyday situations:

> An inner belief that there is a God who cares for me and even though my circumstance might be full of struggle, my conviction is that God has my life in his hands and God will direct my path. God will also give me strength to deal with all of the challenges I face. 96

Being connected to a spiritual family was a strength for these people. The church is an important community where these young people feel that they belong. Connectedness and cohesion between the nuclear family and the spiritual family (demonstrated in the path analysis and two themes within this chapter) seems to offer benefits to these young people's spiritual wellbeing. Embedded in literature related to promoting positive youth development is the construct of 'vertical pile up of assets'. Benson et al. (2006) describe this as the principle of accumulated assets consistently over time that enhances positive outcomes of youth. The connectedness and cohesion between important ecologies in the lives of these young people provides sources of assets that strengthens spiritual wellbeing and resilience.

What could not be determined from the limitations of the gathered data is how these people differentiate between their family of origin and their spiritual family,

when their family are members of the spiritual family. It has been clearly shown that when a participant's other family members did not hold the same spiritual type as they did, they did not count these family members as members of their spiritual family.

We saw earlier that Vicky was not raised in a family that holds spiritual beliefs similar to those that she now holds. This appeared to have negatively impacted on her in a way that contrasted with the other Generation Y participants. Vicky introduced the phrase 'my spiritual family' when being asked about her own family and did not provide much information about her family of origin. Instead of responding to the questions about her family Vicky redirects the question to be about her 'spiritual family'. For Vicky, the church members acting as a spiritual family have taken over the role played by families of the other young people, in helping develop her spiritual awareness.

There is a strong demonstration of commitment towards the spiritual family from these people. They are committed to their Father God and to each other in a way that is most often associated with a family commitment. Olson, Gorall and Tiesel (2006) have found that in couples and families four levels of cohesion are operational. The two levels at either end of the continuum, 'enmeshed' and 'disengaged', are detrimental and the two levels in the middle, 'connected' and 'cohesive', are the most functional. Families that function in a connected or cohesive style balance separateness and togetherness. The further application of this family theory to the church and the spiritual family is not possible in this study and would be worthwhile investigating in follow up studies. From the shared stories, it appears that

these people are connected in a cohesive way to each other in the spiritual family. This connection to this spiritual family offers support during times of stress and crisis and appears to enhance the spiritual wellbeing and the resilience of these young people. The clear complementarity between the deductive analysis presented earlier with the inductive analysis presented through the two theoretically identified themes indicates that a positive synergy developed for the young person in this study when their family and their church members relate to them with devoted interpersonal commitment and known family strengths.

CHAPTER NINE: EXPLORING GENERATION Y PARTICIPANTS EXPERIENCE OF SPIRITUAL WELLBEING

This chapter reports on the findings based on a multicase styled thematic analysis of the lived experience of the six Generation Y participants. Short individual summaries are provided below. These summaries personalise the findings and provide the background for the multicase analysis results. This report identified three themes that have high importance for illuminating spiritual wellbeing in the lives of these six young people: developing spiritual awareness from a young age, living in a relationship with their God, and enjoying a sense of spiritual wellbeing. The six Generation Y participants are identified by pseudonyms, whilst the other older participants in this study are identified through their case number. The comparisons between the different generations help identify any similarities and difference between the youth members and older members of the church.

Introducing six Generation Y participants

The six Generation Y participants purposively selected from the whole group for the multicase analysis are drawn from the church presented above. The spirituality type for all six young people is classified as ‘engaged Christian’, based on their own reported commitment to their religion. Presented here is a snapshot of each young person. All data is sourced from the written reports that each participant provided.

Jaimie

Jaimie is a 26 years old female employed full time. Jaimie is the youngest of three children and currently lives with both parents and one sibling. Her other sister is married. Jaimie reported that she was raised in a Christian family, that her family prays together and seek to support each other in their spirituality. Jaimie stated that during the hardest times of her life her family provided both spiritual help (family members praying for her) and physical help (providing transport to attend church services) that she required.

Jaimie identified that she regularly devoted time to spiritual activities in her life as a means of enhancing her spiritual wellbeing (she reads the bible and prays every day) and stated that she is committed to doing what she believes God wants her to do. She sees herself as being a friend of God and stated she is willing to place the cause of the church above her own personal desires, such as earning a higher income. Jaimie stated that she evaluates her own behaviours and beliefs closely against what the Bible and the church leaders say and allows church leaders, family and some trusted friends to speak to her about how her behaviours and beliefs align with a biblical world-view. Jaimie reported that the high point in her spiritual life has been to develop a sense of close connectedness to God.

Joshua

Joshua is a 24 year old male, living with his two parents and working full time. Joshua has a large family but we do not know which other siblings currently live at home. Joshua reported that he was raised in a family where different members have

differing spiritual beliefs. Joshua reported as an adolescent he was dependent on his mother for spiritual guidance and to lead him in spiritual activities. When Joshua left home to attend university he reported that he did not continue to implement the spiritual activities introduced to him by his mother. Joshua wrote that he realised whilst he was attending university his personal spiritual beliefs and his actions were not consistent, which he believed resulted in a negative impact on his spiritual wellbeing.

Joshua stated that his spiritual wellbeing is largely influenced by his own personal beliefs, behaviours and spiritual activities, including reading the bible and praying. He accepts that different people have differing beliefs and considers that if they live true to their personal beliefs then their life will achieve a measure of spiritual wellbeing that will be personally satisfying. Joshua strongly advocated that to develop spiritual wellbeing one should question one's beliefs. Joshua reported that he deliberately tests his own beliefs by engaging with people and material that are opposed to his Christian beliefs, such as reading spiritual texts emanating from other world religions.

Joshua identified that in his beliefs there are conflicts that he is yet to reconcile—he cited evolution and the biblical account of creation as one area. Joshua reported that he takes half an hour every morning to read the Bible and pray and he also frequently prays throughout the day. Joshua stated that he is not currently satisfied with this amount of time spent on personal spiritual practices.

Sam

Sam is a 25 year old male and lives with his parents and younger sister, who he reported as being Christians. Sam portrayed confidence in his belief that God assists his everyday activities and that he will experience life in heaven after physical death. Sam reported that his family does not participate in communal spiritual activities, apart from occasionally praying together for one another during times of need, such as illness. Sam stated that he feels strongly connected to other members of the church and recognises that their actions influence his own spiritual wellbeing, both positively and negatively. He reported that the highlight in his spiritual life was to participate in activities at the local church as a leader of a youth group. Sam believes that being connected to other church members enhances his own spiritual wellbeing. Sam reported that in most weeks he allows about one hour to attend to personal prayer and Bible reading.

Ben

Ben is a 26 year old male, married with no children. He works full time. Ben was raised by a family who he reported as following Christianity. Ben reported that through the difficult time of his mother's death he developed a unique sense of connectedness to God and that he now reports this connectedness to God as the high point of his spiritual life. Ben reported that his spiritual wellbeing was influenced by his family and a few close friends who all help him to understand Christianity. However, Ben stated that God impacted to a greater extent on his spiritual wellbeing

than other people. Ben reports that each morning he spends 30–40 minutes in prayer (seeking God).

Jordan

Jordan is an 18 year old male living at home with both parents and his older sister. He attends post-secondary school education. Jordan's father and mother also completed the survey and report that they both follow the Christian spirituality type. Jordan's mother reported that one of her spiritual highlights was 'being filled with the spirit at eight years old'. All family members report that they regularly attend the same church together, discuss spiritual matters openly with one another and engage in spiritual practices together, including prayer and Bible readings. Jordan reported that he prays every day, prays with his family a few times each week and reads the bible a few times each month. Jordan and both his parents reported that they have experienced stress over the last 12 months (both Jordan and his father have experienced illness and work pressures and relationship strain reported by mother) yet all three stated that they feel God's presence in their lives.

Vicky

Vicky is a 23 years old female who is currently a full time postgraduate student living independently. Vicky stated that her spiritual activities influence her spiritual wellbeing and that her spiritual wellbeing influences her personal behaviours, attitudes and life outcomes. She reported that her two parents do not advocate the same 'spirituality type' as she does. (See Chapter One for an overview of 'spirituality type' used in this

study.) However, Vicky said one of her two sisters shares her Christian beliefs. Vicky stated that since her own family do not follow the same spirituality type as she does, she thinks of other church members as her '*spiritual family*'. She reported that God had intervened personally in her life and personally comforted her during times of crisis. She also reported that she had experienced ups and downs in her life emotionally and spiritually and recognises that encouragement from other people and her spiritual activities help her feel emotionally and spiritually well. Vicky reported that she prays and reads the bible every day.

Theme one: Developing spiritual awareness from a young age

Developing spiritual awareness is about learning to recognise a spiritual element in life and what actions, if any, can be performed as a response. This theme explores the relationships and actions identified by these six young people that contributed to the development of their spiritual awareness. This concept of being spiritually aware was expressed in the following comment from Joshua:

> Actually acknowledging that you have a spiritual side. I think this, let alone what you believe, is the root of spiritual wellbeing. I think that people who are open to this side of their life are spiritually well at a basic level. From this first step then they are free to be able to find the truth behind their spiritual feelings.

Ben also recognised that life is more than corporeal:

> I guess when we say we are made up of body, mind and spirit we are talking about our spirit, our spiritual side.

These six young people were acutely aware of spiritual matters and their spiritual awareness was clearly demonstrated through their willingness and devotion to spiritual practices, as we shall see. Roehlkepartain et al. (2008) found that for Australian youth who are spiritually aware, spiritual understanding remains under-developed compared to youth in other countries. Recognising and understanding spiritual matters in life, however, is not as easy as recognising and understanding physical matters for young people, as Sam illustrated:

> I guess I'm not totally sure what spiritual wellbeing is. It's easy to see if there are problems with the body but our spirit is a deeper issue.

The six Generation Y participants had varying levels of ability to articulate their spiritual awareness. Joshua could fluently articulate what spiritual wellbeing meant for him and incorporated the actions he believed were important for his development of spiritual wellbeing into his definition.

> So it is not being a Christian that makes you spiritually well, it is finding a truth that you are comfortable with. Also being free and comfortable with questioning your spiritual beliefs is a form of wellness, a very important part. I think it is spiritual sickness when you are set in your ways and not prepared to question your beliefs. I for instance feel spiritually well enough to question my beliefs, because if they are true then they will stand up. And that is what spirituality is about; finding the answer to what is bugging you in your head.

Joshua demonstrated a well developed understanding of spiritual matters and realised that spiritual awareness and understanding can be enhanced through open exploration of spiritual matters. Joshua also linked spiritual awareness to wellbeing in his comment '…a form of wellness'. Such an association between spiritual wellbeing

and wellbeing outcomes was identified in the previously reported path analysis that indicated spiritual wellbeing has a relationship to adolescent resilience.

The recent literature indicates that people often experience a spiritual awakening; a period following which they are spiritually aware. Roehlkepartain et al. (2008) identified this as 'experiencing enlightenment, awakening, liberation, salvation, or other experiences of transcendence or deepening' (p. 44). The people in this study were not asked to recount their earliest understanding of spiritual matters or any spiritual awakening experience and there may be a paucity of information directly related to this experience. Five of the six Generation Y participants however, indicated that they were raised in families that encouraged their spiritual awareness and hence there is no evidence of a time when these five participants were not spiritually aware. As much as a spiritual awakening is seen by some researchers as an important part of spirituality for some people, it appears that for five of the six Generation Y participants they could not remember a time when they were not spiritually aware, as they indicate through these quotes that are from reflections on their childhood:

> Ben: My family always brought me and placed me in an environment to experience God for myself. I have always been in and around church. This has helped me to encounter God for myself.

> Jaimie: I was brought up in a Christian home. We often speak of what God has done and is doing in our lives. We share prayer requests and encourage each other.

> Jordan: We (my family) talked freely about spiritual things and discussed issues when they came up.

In contrast, Vicky was the only Generation Y participant raised in a family where her current spiritual beliefs were not aligned to those of her parents. Vicky identified that she and one sister both follow the same type of spirituality—Christianity. In doing this Vicky aligned herself and her sister as different to other members in the family in spiritual matters:

> My family, except for my second sister, they are not Christians.

Although Vicky does not identify a specific time when she became spiritually aware she regretted that she was not raised to be spiritually aware as she looks back on her journey towards spiritual awareness:

> I would like to have been told about spiritual wellbeing at an earlier time in my life.

Other participants whose families did not encourage their spiritual awareness whilst they were young also identified a similar regret to Vicky:

> I would have liked to have seen my parents emphasize the importance of having daily devotion times to pray and read the Scriptures in order to achieve a healthy state of spirituality. I had to discover this for myself. Also if my parents had established a daily family devotion where there was meaningful discussion it would have helped me discover the importance of spirituality sooner. 236

> Parents were away from God at the time (when I was a child), so I would have loved spiritual parents and encouragement. 70

Although Jaimie recounted that she was spiritually aware from a young age, of these six participants, only Jaimie identified a point in time that may be considered a type of spiritual awakening, similar to that identified by Roehlkepartain et al. (2008). Jaimie identified the high point in her spiritual life as when she 'came to Christ for salvation'. We do know that Jaimie was raised in a Christian home, however, we do not know what activated the personal experience that she has expressed or at what age it took place. Being raised in a spiritual family may negate the saliency of a spiritual awakening where the young person becomes spiritually aware compared to a time in their life when they were not spiritually aware. Jaimie however, indicated that there was a salient period in her life when she confirm her beliefs independently.

For young people who are raised in a spiritually aware family, a spiritual awakening 'moment' may not be an important issue, due to their familiarity with spiritual matters for as long as they can remember. For such young people, spiritual awakening may not be a specific point of time when they first become aware of spiritual matters. Instead, it may be more appropriate to recognise their spiritual awakening as a point or a short period of time during which they become consciously aware of the implications of spiritual matters in their own life. For people with a spiritually aware family experience, this progression towards a personalised spiritual awareness may be a more significant concept for research and an applied health application and may relate to the findings from Mason, Singleton and Webber (2007) reported in Chapter One that differentiated spirituality on ethos. All six young people in this study have reached a point in their lives where they have become personally aware of the implications of spiritual matters and are engaged in their spirituality. This

is evidenced by their willingness to identify Christ as their saviour in the survey and commitment to implement spiritual practices in their lives. Engagement in spirituality may prove to be an important construct for health researchers and practitioners when exploring the links between spiritualty and health outcomes.

The five young people raised in a family where spiritual matters were recognised, all credited their family upbringing as the earliest and most influential factor in helping them develop their spiritual awareness. The Generation Y participants identified various family activities that they considered had a positive influence on developing their spiritual awareness. These activities were:

- praying together,
- talking about spiritual matters together,
- spending time with each other during times of crisis and stress, and
- attending church together
- being supported to attend church youth activities.

For these young people the family had a significant influence on developing their spiritual awareness. Family influence on young people's devoutness to the same spirituality type of their parents is well documented (Mason, Webber & Singleton 2007, p. 157). The two family attributes that appeared to have the strongest influence in developing their devoutness to the family's spirituality type for these young people are talking together in their family about spiritual matters and being supported to attend church services and youth activities associated with their church. This corroborates the earlier reported correlation findings indicating the influence of the family on spiritual wellbeing. An older participant also remembered participating in

family spiritual practices, similar to those identified by the Generation Y participants, which had an influence on their spiritual awareness, as the following participant's quote recalls:

> I remember when I was eight years old my mother had a serious operation and each night my father and my brothers and sisters would come together and pray for our mother. Each time we visited our mother she would ask us to pray for her so at an early age we did spiritual things as a family. My mother recovered from the surgery, which I think made me think that all of our prayers had made a difference. 96

Generation Y participants who were raised by spiritually aware parents, in a family that encouraged spiritual awareness, and reported that they were spiritually aware from a young age expressed that these were two important strengths for them. These young people reported experiencing benefits in their life from living in a family who share the same type of spirituality and encourage their spiritual awareness, as Ben describes:

> Spirituality is expressed the same in my family as it is in my personal life; makes it much easier and less confined. Where as some others would struggle with the battle between family and spiritual journey.

Similarly, a shared spiritual awareness during a family crisis is reported by an older participant as an important contributor that strengthened their resilience during the adversity:

> My sister and I are pretty similar but my brother is less spiritually aware (or at least appears to be). Spiritual wellbeing can fluctuate from day-to-day as we let / do not let our emotions and circumstances control our spiritual perspective. One incident in which we all shared a similar

> sense of wellbeing in the middle of a harrowing situation was when my twin sister suddenly died. Although we all had a terrible sense of grief, we all were united in our understanding that she had gone to be with her creator. We had a peace that she had gone onto the afterlife to see God face to face. 236

Like the other five Generation Y participants identified in this section of the data analysis, Vicky now has an awareness of spiritual matters. Vicky however attributed her development of spiritual awareness to the influence of her friends instead of to her family, 'I have two girlfriends who inform me about my spiritual wellbeing'. Why Vicky and her sister developed a different spiritual understanding to that of her parents and other family members is unknown. Vicky's experience of developing spiritual awareness highlights that even though there are family links to developing a common spiritual awareness, friends also contribute significantly to the development of spiritual awareness.

This theme of developing spiritual awareness from a young age has explored the development of spiritual awareness for these six Generation Y individuals. Families play a central role in developed spiritual awareness. Spiritually aware parents explained the spiritual beliefs to their children, how to apply the world-view to everyday life, and practised spiritual activities with them, especially during times of crisis and stress. Parents were identified to be the major influence in developing spiritual awareness during childhood and that developing spiritual awareness at an early age was believed to be a strength by the young people in this study.

Theme two: Living in a relationship with their God

The young people in this study reported a complex relationship with their God and their spiritual practices varied with each relationship. The focus of their spiritual practices was to develop a relationship with their God. Their relationship with God was credited as being the most important relationship in their lives, providing meaning to spiritual awareness and a major source of direction and purpose. This appeared consistent across the generations for participants in this study. Joshua and Ben illustrate this similarity:

> Joshua: God is the most important thing in my life.
>
> Ben: God is everything. He is the only reason I have experienced peace and understanding.

The focus of the relationships with other people in the church was also on helping each other to develop a relationship with their God through affirming their beliefs and encouraging spiritual practices. When asked in what way, if any, did the church community influence their spiritual wellbeing, young people said that the church provided encouragement as well as confirmation of beliefs. Joshua's comments illustrate how other members of the church influence his spiritual wellbeing and relationship with God:

> The church is the source of people who I use to affirm my faith. And I guess I do use them. I want people around me who do the same things as I do; they give me confidence that I am on the right track. I could not do it merely by living a spiritual life by myself. I need that source of debate in my life, where I can choose what the right answer is. I am after that right answer and I feel the church gives it to me.

The relationship with God was seen to be developed during whilst they were alive, yet these young people spoke of how this relationship would continue after their death, as these two comments from Sam and Joshua demonstrate:

> Sam: My spirit will never die; it will live forever with God in heaven.

> Joshua: I have a feeling inside of me that I am on the right track and have somewhere to go when I die. It stresses me out thinking where I will go after I die. Knowing I am going to a better place means that I don't have to rush my life and experience everything. I just take it as it comes.

One of the strong beliefs of the participants is that the God with whom they have a relationship, is a God who cares for them and acts in their best interest. These young people believed that they had experienced deeply a personal relationship with their God, as Vicky and Jaimie illustrate:

> Vicky: Gemma prayed for me and she told me God is smiling at me. And she also told me that the Holy Spirit (God) will be with me. After that, I knew I was in God's presence and I just fell in love with Him again.

> Jaimie: God draws me to himself and grows me. He gives me spiritual contentment and allows me to draw closer to him. A high point in my spiritual life is being a friend of God.

Older participants also expressed similar experiences of a personal relationship with their God in which God was actively involved.

> My Heavenly Father loves me so much. 30

> There is a God who cares for me. 96

> The love that a merciful God has extended to a ruined family. I am the blessed recipient of such grace and mercy. 271

> God is the reason I am where I am today. Without God I'm nothing. 48

These young people believed that they could recognise God actively engaged in their lives, although they did not elaborate on how they recognised God's interventions. For these young people God inspires, empowers, instils, draws, gives, heals, comforts prompts, teaches and corrects them, as these comments state:

> Ben: God inspires, empowers and instils a sense of great peace when we relate to Him.

> Jaimie: God draws me to himself and grows me. He gives me spiritual contentment and allows me to draw close to Him.

> Vicky: God has healed my broken heart to whole. He has comforted me when I feel lonely or sad. At times the Holy Spirit (God) will prompt me on certain areas of my life. He also teaches me and corrects my wrong attitudes and character.

> Sam: I feel I have God inside me giving me the confidence to get through life.

God is not expected to remove all of life's challenges. Rather, God is seen as helping overcome the normal challenges of day-to-day life. God's interventions were supportive and comforting throughout life's challenges. This relationship supported young people when things in life were stressful as Ben's comments illustrate.

Even in the midst of pain and disaster the presence off the Holy Spirit (God) impacted my life in an incredible manner.

Older participants also recalled how God assisted them in their lives.

Even though my circumstance might be full of struggle, my conviction is that God has my life in his hands and He will direct my path and He will also give me strength to deal with all of the challenges I face. 96

There were many times I got sick and God healed. More than once I had near fatal accidents and God protected me. 208

We have seen that these people expressed their belief that God provides and cares for them compassionately in response to their circumstances. However, this relationship between the participants and God is not a one way relationship where the superior provides for the dependent, regardless. The participants acknowledged that this relationship required their participation and involvement. The relationship involved bi-directional (two-way) communication between God and the young people. Jaimie mentioned that in her relationship with God, God speaks to her and Joshua mentioned that he listened to God:

Jaimie: He (God) speaks to me.

Joshua: …by pray I mean confessing my sins, reaffirming God that He is the most important thing in my life, requests for things and for people. I don't spend much time listening (to God), that is another thing which I have to work on.

In their relationship with God, participants recognised their dependence on a superior God. Yet at the same time, they recognised that the relationship was dependent on their participation. Both parties were reported as actively involved in the relationship for the benefit of each other and, in the process, caused change within each other. In other words, this relationship contains bi-directional proximal processes. God was recognised as the predominate instigator, as the provider and as the source of supernatural events. The young people believed that they must participate in this relationship for it to flourish. When they did not undertake spiritual activities that they believed to be important for developing and maintaining the relationship with God, they indicated that their wellbeing was diminished. Their relationship with God, their ability to succeed in everyday activities, and their relationships with other people, all suffered. Vicky recalled what it was like for her during such times in her life:

> Vicky: There were periods of time when I didn't pray or read the Bible. I felt so dry on the inside. I tend to be very angry and frustrated at the people around me. When I never commit my daily life to God my day will not run smoothly.

This older participant's comment expressed a similar experience regarding the impact of spiritual activities on their relationship with God.

> I find that if I don't have time to pray and reflect I will lose focus and direction for the tasks I am trying to achieve. Currently, I have some financial pressure which leads to frustration and worry BUT after I have had some time to pray, relax and reflect I find I am not as concerned because I have an overwhelming belief that God will meet all of my needs… The way I build my spiritual wellbeing is by developing my relationship with God. Just as a marriage needs quality time for a relationship to flourish between a husband and a wife, in the same way if I

want a strong relationship with God I need to spend quality time developing my relationship with God. 96

The association between developing a relationship with God and developing spiritual wellbeing was expressed as being so strong for these young people that their spiritual wellbeing could not be separated from a relationship with God. Sam and these other older participants comments illustrate this inseparable relationship between spiritual wellbeing and a relationship with their God:

Sam: I think God is everything in my spiritual wellbeing.

Without God or Jesus, I would not have a spiritual wellbeing. 90

My spiritual wellbeing comes from God; I don't get a sense of wellbeing from anywhere else. 96

God is the centre of my spiritual wellbeing. Without Him my spiritual life would be meaningless. 234

These six Generation Y participants all made choices to please God and conduct themselves as they believe God would want them to. Living in a relationship with God was a strength for them. The Generation Y participants also recognised that other relationships outside of their family and with God impact on their spiritual wellbeing. For the young people in this study, developing a relationship with God is an important aspect of their lives that enhances their own spiritual wellbeing. They develop this relationship by practising spiritual activities. The relationship with God is

based on their understanding that God looks favourably towards them and acts in their best interest.

Theme three: Enjoying a sense of spiritual wellbeing

The third theme evident across the six Generation Y participants reported in this section explores how spiritual wellbeing plays a part in the lives of the young people and demonstrates the benefits of spiritual wellbeing the participants believe they experience. These Generation Y individuals expressed their understanding of spiritual wellbeing as being connected to God and as an outcome they experience. For the young people, these two common elements were used to describe what spiritual wellbeing is and its benefits to them. Ben, Joshua and Jordan illustrate the psychological outcomes they experienced.

> Jordan: Spiritual wellbeing is important as I'm more peaceful and happy.

> Ben: To have spiritual wellbeing is to have inner peace and a sense of connection with our creator (God).

> Joshua: The high point in my spiritual life is the constant joy I have in my life. That I have a feeling inside me that I am on the right track and have somewhere to go when I die. I know that when I have been in contact with God regularly I feel satisfied and confident that I am leading a pleasing life.

Four of the six young people said that a connection with God was essential for their spiritual wellbeing. Joshua did not hold this perspective. Instead, he believed that being satisfied with your own spiritual beliefs resulted in a sense of spiritual

wellbeing. Joshua's definition raises the concept that spiritual wellbeing is a universal aspect of humanity that can be experienced through spiritual awareness.

> What you believe is the root of spiritual wellbeing. I think that people who are open to this side of their life are spiritually well at a basic level. From this first step then they are free to be able to find the truth behind their spiritual feelings. So it is not being a Christian that makes you well, it is finding a truth that you are comfortable with.

Although Vicky could not articulate her understanding of spiritual wellbeing, she enthusiastically articulated the difference her spiritual wellbeing has made to her life saying, 'He (God) has healed my broken heart to whole. He has comforted me when I feel lonely or sad'. In doing so she has emphasised the common understanding that spiritual wellbeing is an experienced outcome. Vicky demonstrates that her spiritual wellbeing is evidenced through her feelings.

This understanding that spiritual wellbeing is an experienced outcome may be important for incorporating spirituality into health and welfare services for young people. Many Australian youth may not respond to words that describe spirituality, religiosity, or be able to talk easily about their spiritual wellbeing. Yet young people may recognise their level of spiritual wellbeing in terms of their satisfaction with life, or the peace they experience in life. In health care interactions with young people, inquiring about peace or satisfaction with life the young person is feeling may facilitate conversations on spiritual matters.

One of the most striking features about these young people was their acute awareness of their spiritual journey and their active efforts to enhance their spiritual wellbeing. For all six of these Generation Y participants, spiritual matters were

important and acted as a regulator of behaviour in their lives. In response to the question concerning the importance of spiritual wellbeing in their life, two young people stated that spiritual wellbeing 'is important', one stated 'very important', one stated 'extremely important', one stated 'it is integral to how I live my life' and another stated 'it is my first priority'. The awareness of spiritual matters allowed these young people to understand their life in terms of how their choices affected their spiritual wellbeing. These young people believed that modification of personal behaviour contributed towards enhancing their spiritual wellbeing. Sam's comment illustrates the choices he was prepared to make for the sake of developing his spiritual wellbeing and relationship with God:

> I am prepared to sacrifice other things to focus on my spiritual wellbeing. I will skip going to the movies and café's to make sure I have time to focus on my spiritual walk with God.

These young people recognised that the way they lived affected their spiritual wellbeing. Spiritual wellbeing had a dual influence in the lives of these young people. Not only did the young people report that they alter their life to strengthen their spiritual wellbeing, they reported that their spiritual wellbeing influenced behaviours. Joshua is explicit in how spiritual wellbeing influenced his life choices.

> Spiritual wellbeing sets guideposts for my life. Tells me when I should stop. And I know inside if I have gone too far i.e. sex, swearing, hate, love, being friendly, lust, how and when I spend my money.

The study identified many different ways the young people altered their lives to enhance their spiritual wellbeing. Two common spiritual practices were implemented

to enhance spiritual wellbeing. Firstly, devoting time to learn about spiritual beliefs through reading the Bible or other literature. Secondly, spending time in prayer, often referred to as 'talking with God'. Spiritual practices were regularly attended to through routines, for example praying every morning or spending an extended period in prayer or in a meditative state, and Bible reading on a specific day. When asked 'What sort of things, if any, do you do to achieve a level of spiritual wellbeing with which you are satisfied?' the young people responded as follows:

> Sam: I try each week to have a time of about an hour where I stop, relax, pray and read the Bible and I feel good. I do this most Saturdays and find I'm more relaxed and not so stressed.

> Ben: Personal devotion and intimacy with God. Each morning I spend 30–40 minutes in prayer, seeking God. I attend corporate worship (church services) on Saturday and Sunday. I also go to the Friday youth services. This is an incredible way to experience our creator and sense his presence in a real way.

> Jaimie had a list of actions that she implemented:
>
> I keep myself accountable through:
>
> - Bible reading
> - prayer
> - journal
> - thought life
> - what I watch / listen to
> - I seek and pursue him (God)
> - I intentionally learn and read to grow more knowledgeable
> - I obey when he calls on me.
>
> I have done those things in the last seven days

Vicky simply said: spending time with God.

Dollahite et al. (2009) reported that 'youth gave the following reasons for being willing to make sacrifices (for their spiritual beliefs): connecting to a higher meaning or purpose, connecting to God, connecting to the faith tradition or community, fulfilling expectations, feeling affective benefits, and avoiding problems' (p. 691). Sacrifice in this context means 'a surrender of something of value as a means of gaining something more desirable or of preventing some evil' (The Collins concise dictionary of the English language, 2nd Australian edition 1988). Sacrifices reported predominately required a reduced participation in social activities so that time could be spent participating in spiritual activities. The young participants in this study made sacrifices and undertake spiritual practices to develop their relationship with God and, as a result, they enjoyed the affective benefits of peace and satisfaction in life. Such benefits may act as motivation to undertake spiritual practices that often require sacrifices to be made. Smith and Denton (2005) identified that central to modern American youth participation in religion is feeling good, happy, secure, and at peace. Similarly, the Generation Y participants in this study reported feeling peace and life satisfaction as major affective benefits. Smith and Denton (2005) however, considered that such an emphasis in youth spiritualty reflects a cultural norm of individualism and self-gratification. In contrast, a desire to develop their relationship with God was expressed as the central concern of participants in this study.

Although, due to the limitation of anonymity required by both the church community and the ethics committee, a measure of the spiritual wellbeing level was possible at only one point in time, trends across the young people's lives can be examined through the life stories collected. The survey asked young people to reflect on their past spiritual experiences. The young participants' life reflections revealed that the level of commitment to implementing spiritual activities experienced ups and downs, as evidenced by Joshua's altering commitment to spiritual practices during different times in his life.

> I remember when I turned away, and forgot my beliefs when I left my family for uni, that I gradually became less and less spiritually / mentally well. There was something missing in my life and it was depressing.

Vicky also reported that her fluctuating state of commitment to implementing spiritual practices negatively impacted on her affective benefits.

> I realised spiritual wellbeing is interconnected with the way I live my life. If something is not right in my spirit, things go haywire on the outside. There were periods of time when I didn't pray or read the Bible. I felt so dry on the inside. I tend to be very angry and frustrated at the people around me.

The cause of these fluctuations in their commitment to implementing spiritual practices was not explored within this research project as subsequent contact with the participants was not possible. Periods of transition was reported as being associated with such fluctuations. Bronfenbrenner (1979) identified that 'an ecological transition occurs whenever a person's position in the ecological environment is altered as a result of a change in role, setting or both' (p. 26). Adolescence is a time

of major transition. The biological maturation of the child during adolescence brings about changes in both roles and settings. Development occurs through these changes yet, at the same time, development further instigates change. Changes, however, produce stress. These stresses directly influence the developing person, the family and the other settings of the microsystem (Wilkinson & Marmot 2003). The bioecological theory proposes that individual stress may be minimised through the reciprocal connection with parents and significant others in the ecological environment (Bronfenbrenner 2001). Shulman, Kalnittzki and Shahar (2009) demonstrated that paternal support predicts young people's successful transition to adulthood. Research exploring young people's transitions, such as leaving home, is required to further understand possible ecological contributors to spiritual fluctuations. These findings encourage further examination of the role of family relationships in the transition to thriving adulthood and independent spiritual wellbeing.

Conclusion

The three themes identified in chapter Nine have demonstrated the common understanding of spiritual matters that these six young people held. These three themes are complementary with the findings presented in Chapter Eight, shedding interesting new light on the lived experience of spiritual wellbeing. Whilst these Generation Y participants were at different stages of understanding their spiritual wellbeing, they expressed a sense of enjoying their spiritual wellbeing and were all seeking ways of furthering their spiritual wellbeing through being connected to God. The young people in this study predominately focus their spirituality on developing a

relationship with their God. Towards this end, the young people altered their behaviour and limited participating in risk taking life styles and behaviours. As a result of their relationship with their God, these young people reported a sense of peace and life satisfaction and had a sense of enjoying their spiritual wellbeing and being members of a spiritual family. Skogrand et al. (2007) however found many people who experience a traumatic childhood where trust is shattered, do make transitions in life successfully using a process of acceptance, forgiveness, compassion and finding purpose and meaning through developing a relationship with a higher being. Developing a relationship with God holds central importance for both the participants and findings from other research.

Chapter Ten will now examine the findings presented in Chapter Eight and Nine in light of the descriptive theory presented in Part One of this dissertation. This discussion will consider the complementarity between the two theories underpinning this case study and attempt to extend our understanding of spiritual wellbeing. The identified association between spiritual wellbeing and resilience will also be examined. These discussions have the aim of developing a preliminary theory that can be validated in subsequent research and in other cases.

CHAPTER TEN: CONTRIBUTIONS TO EXTANT THEORY OF SPIRITUAL WELLBEING AND ITS RELATIONSHIP TO ADOLESCENT RESILIENCE

This chapter will follow the pattern of reporting findings related to the quintain advocated by Stake (2006). Stake (2006) believes it is important for a case study report to 'show how the quintain is newly conceptualised as a result of the study' (p. 81). This chapter will relate the findings to the Generation Y group of participants—also identified as the young people (see Glossary) and to the intergenerational group of participants. One of the major findings that this study demonstrated was a complementarity between the quantitative and qualitative results illustrating a clear association between spiritual wellbeing and adolescent resilience for these young people. This chapter will explore the findings presented in chapter eight and chapter nine in light of the descriptive theory (Part One) with the intention of expanding the extant theory of spiritual wellbeing. This chapter will propose a theoretical model of five spiritual strengths identified in this study. The chapter will then present propositions that can be tested in subsequent research such as comparative case studies.

Both Generation Y and older participants recounted that they were spiritually aware at a very young age. Others identified that they became spiritually aware at a later stage of adulthood. Some commentators however, continue to assert that there is no spiritual element in life (for example Dawkins 2006). Debating the evidence for a

spiritual realm is outside the scope of this dissertation however, the experience of spiritual matters as reported by these participants is sufficient evidence for this research to report that spiritual matters are real and important to these people. The lack of recognition of spiritual matters by some people does not equate to the absence of spiritual matters universally. This study however, does not attempt to address the question of the universality of spirituality or why some people do not recognise spiritual matters in life. Rather, this dissertation explores the lived experience of the people in this study, all of whom demonstrated their spiritual development through attesting to their spiritual understanding and to their experience of spiritual wellbeing. Although all participants in this study reported that they have developed spiritual awareness throughout their lives, there is no comparison case that refutes spiritual awareness or the pathway to addressing existential concerns this group of people have adopted. The findings from this case study therefore may relate only to the experiences of these spiritually aware people.

Knowledge, literature and research on religion and spirituality are vast. The application of this knowledge to human development however is nascent. The association between spiritual development, spiritual wellbeing and resilience has not been previously explored from an ecological and strengths perspective. In the descriptive theory it was proposed that spiritual wellbeing is an outcome of spiritual development experienced by the person (see Figure 5.2). The participants in this case study reported clearly their efforts to address transcendent issues through their efforts to implement spiritual practices in line with the beliefs of their religious denomination. As a result of their efforts, the participants experienced a state of

spiritual wellbeing and affective benefits of peace and life satisfaction. Life satisfaction has been identified by Hawkins et al (2009) as an important indicator of positive youth development. Translating this finding to spiritual development, spiritual wellbeing, peace and life satisfaction related to concerns of transcendence, may be clear indicators of positive spiritual development.

From this case study it was identified that both spiritual awareness, aligned to the biblical world-view espoused by the participants' church, and spiritual practices are important to these people. Spiritual awareness however, may align closely to religious development as a construct proposed by Balswick, King and Reimer (2005). Achieving consonance between spiritual awareness and spiritual practices, both personally and within their family, was associated with enhanced self-reported spiritual wellbeing. This research demonstrated that the interconnected and cohesive relationships between these young people, their family and their spiritual family enhanced their spiritual wellbeing. This strong consonance between the relationships and ecologies in the lives of these young people assisted them to make sense of their world and for their spiritual beliefs to be plausible (Rymarz 2009). Through this plausibility the espoused world-view becomes a lived out world-view (Garber 2007) which enhanced their spiritual wellbeing.

Spiritual wellbeing may provide an accurate measure of positive spiritual development where the individual does not have to differentiate between theoretical constructs, such as spirituality and religion, which can cause confusion. Spiritual wellbeing may prove to be more stable and less influenced by cultural differences than both spirituality (spiritual practices) and religious development, there by proving

to be a more universally acceptable means of discussing and assessing spiritual development. In light of this supposition, the association between spiritual development and adolescent resilience emerged through spiritual wellbeing.

Traditional mechanistic developmental sciences propose that physical, mental and emotional development follow an ordered sequence of maturity, from simple to complex, and are interrelated to one another, resulting in change to the structure and functioning of the organism following age related trajectory (Lerner 1998). Spiritual development for the participants however, appears to have a developmental sequence that acts independently of time and maturation. This corroborates the proposed draft spiritual development framework by Roehlkepartain et al. (2008) outlined in Chapter Five (see Figure 5.1). Roehlkepartain et al. (2008, p. 41) state a premise of their framework is 'that spiritual development is a dynamic, nonlinear process that varies by individual and cultural differences'. At times, participants reported periods of varied commitment to spiritual practices and varying levels of spiritual wellbeing across their life span. These reported experiences of the participants support the premise of non-linear spiritual development.

Complementarity of the theoretical positions

The case study analysis is interpreted through two major theoretical positions. Firstly, the bioecological theory of human development (Bronfenbrenner 2001) and secondly, the international family strengths model (DeFrain & Asay 2007a). The application of the bioecological theory of human development to spiritual development proved to be a suitable framework for the research and encouraged a holistic and naturalistic

approach to this study. The bioecological theory of human development proposes that human development is enhanced through strengthening recurring bidirectional proximal relationships. Positive affects arising from these relations are reinforced when interconnecting systems are supportive of each other. This theory predicts that enhancing bidirectional proximal processes (relationships) and strengthening the ecology will promote positive development and outcomes (see Figure 2.2). This study has demonstrated that the spiritual wellbeing of the participants was enhanced through strong proximal process within the family and the community, thus supporting the bioecological model proposed by Bronfenbrenner and Ceci (1994). Positive family processes (positive communication when teaching about spiritual matters and enjoying spending time together in spiritual practices) and positive proximal processes within their spiritual family aided the participants' spiritual wellbeing. The enhanced spiritual wellbeing of the young people also strengthened the proximal processes within the family and the spiritual family—the affects were bi-directional. The participants in this study reported that sharing and enjoying spiritual practices enhanced their family connectedness.

The international family strengths model was applied to understand the interactions between members of the local church acting as a broader spiritual family. The people in this study identified that belonging to the church was an important aspect of developing their spiritual wellbeing. The local church is an important community where these people feel they belong. The consonance between a family displaying family strengths and the church members displaying family strengths is an important insight into how family strengths can function to enhance proximal

processes between family members and between members of a community group. Together they demonstrate how the interconnected systems of the family and the church enhance adolescent spiritual wellbeing. Together these two theoretical positions, bioecology and family strengths, displayed complementarity in furthering the understanding of spiritual wellbeing.

Discussion: Spiritual wellbeing and resilience

Previous research findings have recognised a consistent relationship between spirituality/religious beliefs and health and wellbeing outcomes (Cohen, Shariff and Hill 2008; Myers 2008). There is controversy however, concerning the nature of this association, specifically if spirituality and religion have a positive or negative effect on developmental health outcomes, as previously discussed in Chapter Five. This study has found that for the young people who demonstrated engagement with their spirituality type, there is a clear association between adolescent spiritual wellbeing and adolescent resilience. This significant correlation supports the previous research findings of an association between the two variables. By itself however, a correlation does not indicate the direction or causation of the association.

Path modelling based on regression analysis is a powerful means of practically illustrating meaningful associations and pathways. Such pathways in studies with relatively small numbers (small-*N* studies) are not deterministic/causative, rather probabilistic in their assertion (Lieberson 2000). Examination of the independent composite variables family church network and family consonance (spiritual practices), spiritual wellbeing acting as a mediator variable and the dependent

variable adolescent resilience, demonstrated a pathway of spiritual wellbeing strengthening adolescent resilience. The creation of the composite variables provides a degree of contextualisation for the regression and incorporates ecological variables into the model.

The people in this study were purposively selected for their anticipated well developed spiritual awareness and as a consequence, any association with their spiritual wellbeing evident in this group of people would be theoretically strong compared to a group of people for who spiritual awareness is less developed. The people in this study implemented their spirituality in a committed manner and their beliefs had a high degree of salience. Hackney and Sanders (2003) have shown that meaningful spirituality has a positive influence on outcomes compared to religious practices implemented in a non-committed manner, which have a weak association to positive outcomes. The evidence from this case study however, suggests that the association in this study was strong and positive. That is, enhanced spiritual wellbeing was associated with enhanced adolescent resilience. Previous meta-analysis of the relevant literature results by Vilchinsky and Kravetz (2005) indicate that in most situations the association between spirituality/religious beliefs and health and wellbeing outcomes is low. For these young people, there is a high degree of cognisance between their world-view and their behaviour. The strong association demonstrated between spiritual wellbeing and adolescent resilience in this study support Hackney and Sanders (2003) results, however, no comparison to someone living a non-committed spirituality is included.

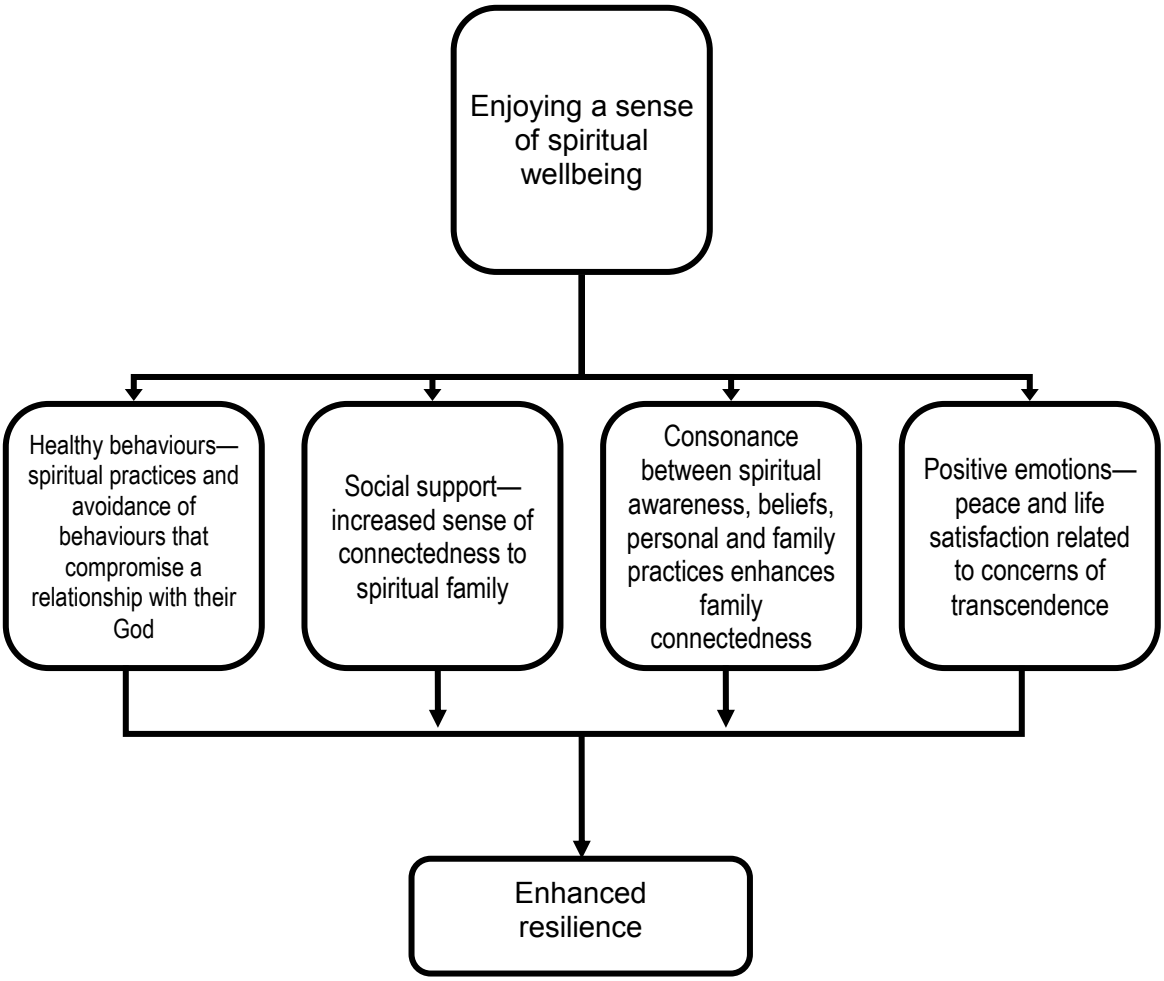
To date the inclusion of spiritual wellbeing in resilience measures remains sparse. The evidence for the positive connection between spiritual wellbeing and positive health outcomes, such as resilience, is growing stronger as understanding of the association grows. For the young people in this study there is a clear association between spiritual wellbeing and resilience. This adds to this body of knowledge concerning the association between spiritual wellbeing and adolescent resilience. Whether this association demonstrates that spiritual wellbeing is a universal domain of resilience or acts to strengthen other domains for spiritually active people, such as hope, is yet to be explored. In understanding the association between spiritual wellbeing and resilience, the level of personal consonance between beliefs and actions is important. Attributes that enhance spiritual wellbeing may also strengthen resilience in one or more domains not previously well recognised in resilience research.

This study has revealed three areas where the domains of resilience may be strengthened through spiritual wellbeing. Firstly, families implementing spiritual practices together enhanced connectedness and cohesion between members of the families in this study. The enhanced family connectedness and cohesion is especially evident during times of family stress and crisis. Secondly, participants in this study reported that their families encourage strong connections with other people outside the family unit. The participants developed strong relationships with their God, as well as with other members of the church. The degree that this connectedness is unique to this spirituality type, or to this case study, cannot be extrapolated. This connectedness to the spiritual family may enhance, or substitute, connectedness to

the local community as a protective factor for these people. These relationships provided a way of securing support during a life crises and times of stress. Thirdly, in an endeavour to strengthen their relationship with their God, the people in this study modified their behaviour to include regular spiritual practices and reduce known risky behaviours. This relationship with their God strengthens the participant's sense of spiritual wellbeing and results in reported affective benefits of peace and life satisfaction related to concerns of transcendence. These three elements, strengthening personal characteristics, family and community connectedness, provide a reasonable explanation for why there is a clear association between spiritual wellbeing and resilience. Future research is required to further understand the mechanisms through which spiritual wellbeing provides a positive association with adolescent resilience.

It is possible to compare the results from this case study to the Myers (2008) proposed model illustrated as Figure 3.1. Myers proposed a model to illustrate the link between religious involvement and better health outcomes based on the available literature. For the participants in this study their spiritual wellbeing, and more importantly their relationship with their God, drove their behaviours and connections that act as protective factors leading to enhanced resilience. Based on the results of this case study, a possible explanation for the association between spiritual wellbeing and resilience is presented in Figure 10.1.

Figure 10.1. Possible explanation for the association between spiritual wellbeing and resilience



Spiritual strengths

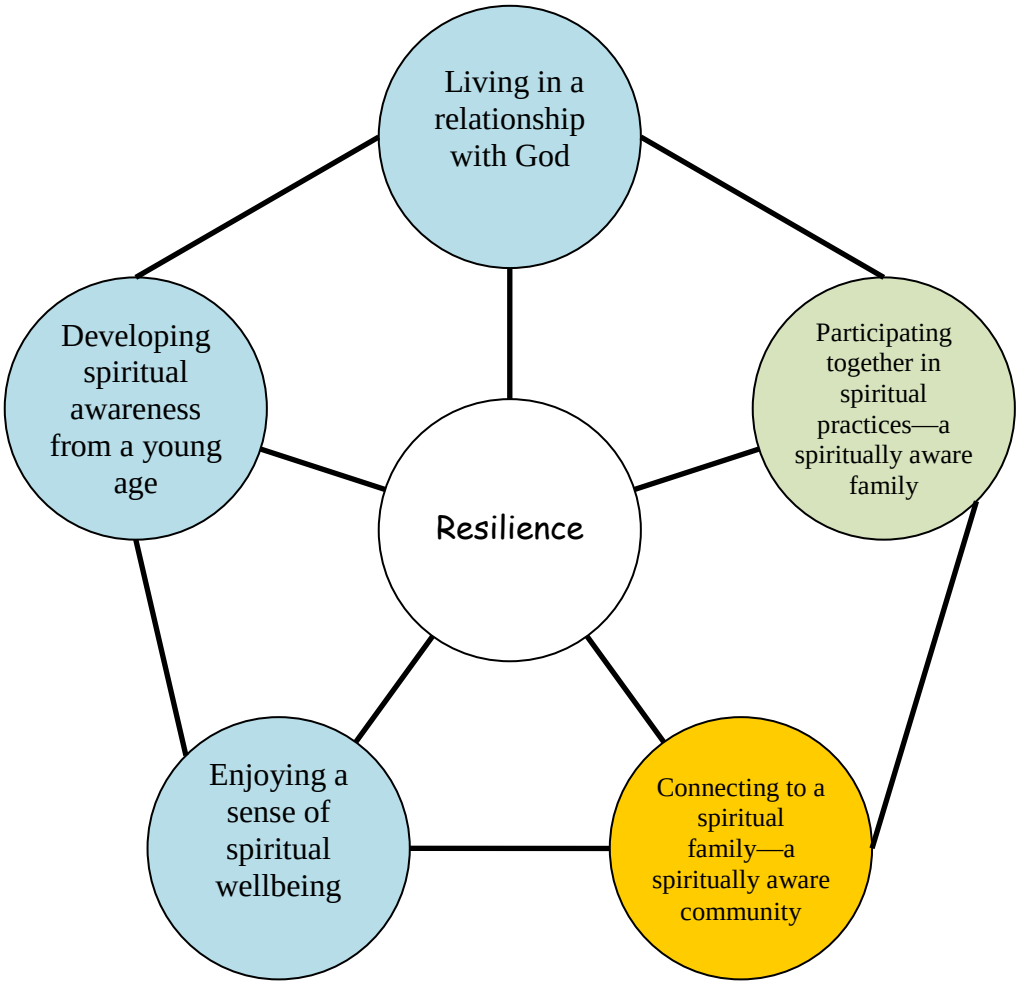
This case study report has demonstrated that different spiritual strengths, presented through the themes in this report, are operant in the lives of the young people in this case study. These spiritual strengths operate across the personal, family and community domains of resilience offering an alternative explanation to the

relationship between spirituality and positive health outcomes/resilience. These five spiritual strengths are:

- Participating together in spiritual activities—a spiritually aware family;
- Connecting to a spiritual family—a spiritually aware community;
- Developing spiritual awareness from a young age;
- Living in a relationship with God; and
- Enjoying a sense of spiritual wellbeing.

Spiritual strengths within the system of the individual are spiritual awareness, enjoying a sense of spiritual wellbeing and living in a relationship with God. The spiritual strengths within the system of the family is participating together in spiritual activities—a spiritually aware family. The spiritual strength evident within the system of the community is connecting to a spiritual family—a spiritually aware community. Contextualisation of the regression model presented in Chapter Eight can be achieved through mixed modelling that incorporates the qualitative and quantitative findings related to spiritual wellbeing. This process resulted in a proposed model that illustrates these five spiritual strengths and their association with adolescent resilience (Figure 10.2). This model illustrates the interconnectedness and the synergy that develops between the five spiritual strengths, which provide a protective factor for the young people through strengthening resilience. In this model, the lines are not indicating causal pathways or direction of influence.

Figure 10.2 A proposed model of five spiritual strengths



	Personal attributes
	Family attribute
	Community attribute

The research finding of these five spiritual strengths extends the understanding of the family strength of spiritual wellbeing identified in the international family strengths model discussed in Chapter Four. Figure 10.2 illustrates that participating together in spiritual practices in a spiritually aware family, and connecting to a spiritual family in a spiritually aware community may assist in developing spiritual awareness from a young age and encourage living in a relationship with God.

The young people who lived with these spiritual strengths enjoyed a sense of spiritual wellbeing that provides a sense of peace and satisfaction in life. The five spiritual strengths identified within this case study are interconnected and the relationships between the spiritual strengths are bi-directional. These spiritual strengths acted as protective factors, through moderating risks for developmental health outcomes, and were associated with enhanced adolescent resilience for the participants.

Emergent theory and recommendations arising from the study

This research study did not focus on the specific religion or its teachings. Nor did it argue for or against religion, spirituality or spiritual practices on any theological or denominational basis. Rather this study has utilised people belonging to one spirituality type to illustrate how a range of spiritual practices adopted by these individuals, their families and others members of their church relates to their spiritual wellbeing. In a case study, theorising drives the report and provides meaning to the descriptive account of the participants and the understanding gained (Gillham 2000).

This dissertation will now draw together the emergent theory from the empirical evidence in this group of people.

This dissertation argues that spiritual wellbeing is an outcome of spiritual development that spiritually aware individuals and families strive towards. As an outcome of spiritual development, spiritual wellbeing of the young people in this study exerted a protective influence on behaviour. For the young people in this study, their spiritual wellbeing generated a powerful influence towards positive developmental health outcomes through strengthening personal attributes of peace and life satisfaction, enhancing bidirectional proximal processes (relations and spiritual practices) within the family and within the spiritual family and enhanced self reported resilience.

Spiritual practices that individuals and families incorporate into their lives that they find beneficial and enhancing to their spiritual wellbeing can be accepted as legitimate contributors that strengthen developmental health outcomes and resilience. It is a recommendation that health care practitioners should therefore incorporate family and individual spiritual practices into their care practices to help enhance developmental health outcomes. It is also important for promoting adolescent health outcomes that health care and health promotion activities strive to promote spiritual wellbeing as a means of enhancing resilience in young people.

A potentially more powerful measure of resilience could include spiritual wellbeing as a factor of resilience either within personal attributes, or alongside other interacting systems of the family and community. Further research should consider how best to incorporate spiritual wellbeing into the measurement of resilience. For

participants in this study, three areas in which spiritual wellbeing influences measurement of resilience were identified as important that researchers could consider for inclusion into resilience measures. Firstly, satisfaction with family spiritual practices; secondly, the strength of the connectedness between the family and a spiritual community; and thirdly, satisfaction with the display of family strengths within the spiritual family.

Health promotion activities and services focused on reducing risk has not provided the gains commensurate with the economic and democratic prosperity of Australia and a unacceptable percentage of young people continue to experience lives that impact negatively on their developmental health outcomes. A bioecological perspective incorporating spiritual strengths offers hope that young people can thrive. Understanding the role of spiritual wellbeing in pathways that influence developmental health outcomes of young people will inform families, health professionals and policy makers, enhancing their effort to reverse negative trends. Through encouraging personal, family and community spiritual strengths, spiritual wellbeing and adolescent resilience is strengthened. Spirituality and religiosity are often portrayed as impositions to freedom and enjoyment of life due to unrealistic restrictions in behaviour. The priority for these participants however, is not how their spirituality and religiosity restricts their lives rather on how their life affects their spiritual wellbeing. When spiritual wellbeing is present, the attractiveness of risk taking behaviour is weakened. Spiritual wellbeing and resilience are interrelated and ecologically bound. Therefore spiritual development, demonstrated through spiritual wellbeing, may be an important and often overlooked domain of resilience.

The second stage of theory development in case study research methodology is to test the proposed theory in replica case studies (Stake 2006; Yin 2004). In replica case studies, the unique interaction between the researcher and the original case study is not reproducible. Replica case studies therefore do not attempt to reproduce the same results as the original case study rather to assess if the meanings proposed are valuable (Stake 1995). Developing theory out of case study method requires replica case studies in such differing and similar contexts to confirm and challenge the emerging theory through testing of the propositions developed to determine their value (Stake 2006). This case study did not include any divergent cases to further test this emergent theory. This study therefore needs to be replicated with people who belong to other spirituality types, which operate as both dominant and marginalised within the community and incorporate differing spiritual practices to test the proposed model of spiritual strengths, the emergent theory and subsequent propositions that arise from this study. Future longitudinal research exploring younger participants' spiritual development across periods of transition may provide insights concerning the influence of spiritual wellbeing that differ to these findings, which are based on recall of stories. The following propositions arising from the research findings are offered for future research.

Propositions

1. Spiritual wellbeing is a protective factor that strengthens resilience in young people.

2. Spiritual development is enhanced through five spiritual strengths: participating together in spiritual practices—a spiritually aware family; connecting to a spiritual family—a spiritually aware community; developing spiritual awareness from a young age; living in a relationship with God; and enjoying a sense of spiritual wellbeing.

3. Families value spiritual wellbeing because it is evidence of positive spiritual development in family members.

Conclusion

A holistic understanding of the bioecological influences on spiritual wellbeing requires relationships and context to be incorporated into any analysis. Recognising the influence of proximal processes in these participants' lives acknowledged that relationships within the ecology affect the outcomes of spiritual development simultaneously whilst the individual affects the context and the relationships of the ecology. Thus, the individual and the ecology equally influence spiritual wellbeing and spiritual development. Therefore, this chapter proposed a theoretical model of five spiritual strengths and their relationship to adolescent resilience.

As demonstrated in part one, studies in religion and spirituality are usually either quantitative or qualitative and few mixed methods studies exist. Secondly, many studies focus on spirituality or religion while less studies holistically research

spiritual wellbeing. Although this study does not contain directly observed data, the participants have recalled data relating to their spiritual wellbeing and spiritual practices from across their life span. From this research the understanding of the bioecology of spiritual wellbeing and its relationship to resilience is further developed.

Previous research findings have led to a disjointed understanding of how religion and spirituality influence developmental health outcomes, perhaps because of their narrow focus, with conflicting results that are unable to be resolved. Correlation coefficients identified in this study alone are inadequate to provide any possible explanation of identified associations. Through combining both quantitative and qualitative data, movement towards a holistic understanding of spiritual wellbeing has emerged. Evident within the lives of the young people in this study are multiple interconnected influences—the five spiritual strengths—that are critical in understanding the complex universal human endeavour of spiritual wellbeing. These strong bioecological influences have been identified as possible contributors towards adolescent spiritual wellbeing and resilience. Spiritually aware families and communities are an important part of a young person's ecology where relationships develop that influence spiritual awareness and spiritual wellbeing. This dissertation has indicated a possible reason for the often observed association between spirituality and positive developmental health outcomes of young people and is one researchers report on the lives of people who encounter this complex phenomenon.

EPILOGUE

> In the long run, my observations have convinced me that some men, reasoning preposterously, first establish some conclusion in their minds which, either because of its being their own or because of their having received it from some persona who has their entire confidence, impress them so deeply that one finds it impossible ever to get it out of their heads. Such arguments in support of their fixed idea as they hit upon themselves or hear set forth by others, no matter how simple and stupid these may be, gain their instant approval. On the other hand whatever is brought forward against it, however ingenious and conclusive, they reject with disdain or with hot rage—if indeed it does not make them ill. (Salviati's opening remarks, The third day, *Dialogue Concerning The Two Chief World System – Ptolemaic And Copernican*, Galileo Galilei 1632).

Pascal identified the two divided camps hindering inquiry: 'two excesses: to exclude reason, to admit nothing but reason' (trans. Krailsheimer 1966). During Galileo's life, the freedom to explore ideas was curtailed by the exclusion of reason. Galileo's response was not to exclude reason to be able to hold onto the fundamentals of his faith. Rather, through integrity he maintained his understanding (i.e. admitted reason) that 'yet it moves' (referring to the demonstrated motion of the earth around the sun) whilst wrestling with the implications to his fundamental beliefs of salvation, which did not move, and to the position of the church leaders, which should have moved (Pera

1998). Birch (2007) commented that ‘to the casual observer the conflict between religion and science is both entrenched and unresolvable’ (p. 1) yet ‘the role of reasoning in religion and in science is to lead to understanding, not proof’ (p. 5). False dichotomies arise when religion and science are placed as opposites, each with unshakable proof that refutes each other.

What then is this dissertation about? Is it scientific or spiritual? It is both. It is about a journey towards understanding spiritual wellbeing. Mine, yours and the participants of this project. We learn from them. What then is the point forward from this dissertation? To further understand the known is to be content with the unknowns. The path forward in understanding spiritual wellbeing may be through recognition that the unknown elements, of the common experience of spiritual wellbeing, are greater than the known elements. Constraining the phenomenon of spiritual wellbeing to what is currently known, devalues both the phenomenon of spiritual wellbeing and the lived experience. Researchers should move forward with openness and flexibility. Imposing traditional scientific parameters and currently known lenses to spiritual matters will only lead to furthering the distance between the researcher and the phenomenon.

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APPENDICES

Appendix one: Overview of risk-taking behaviour and outcomes of young people in Australia

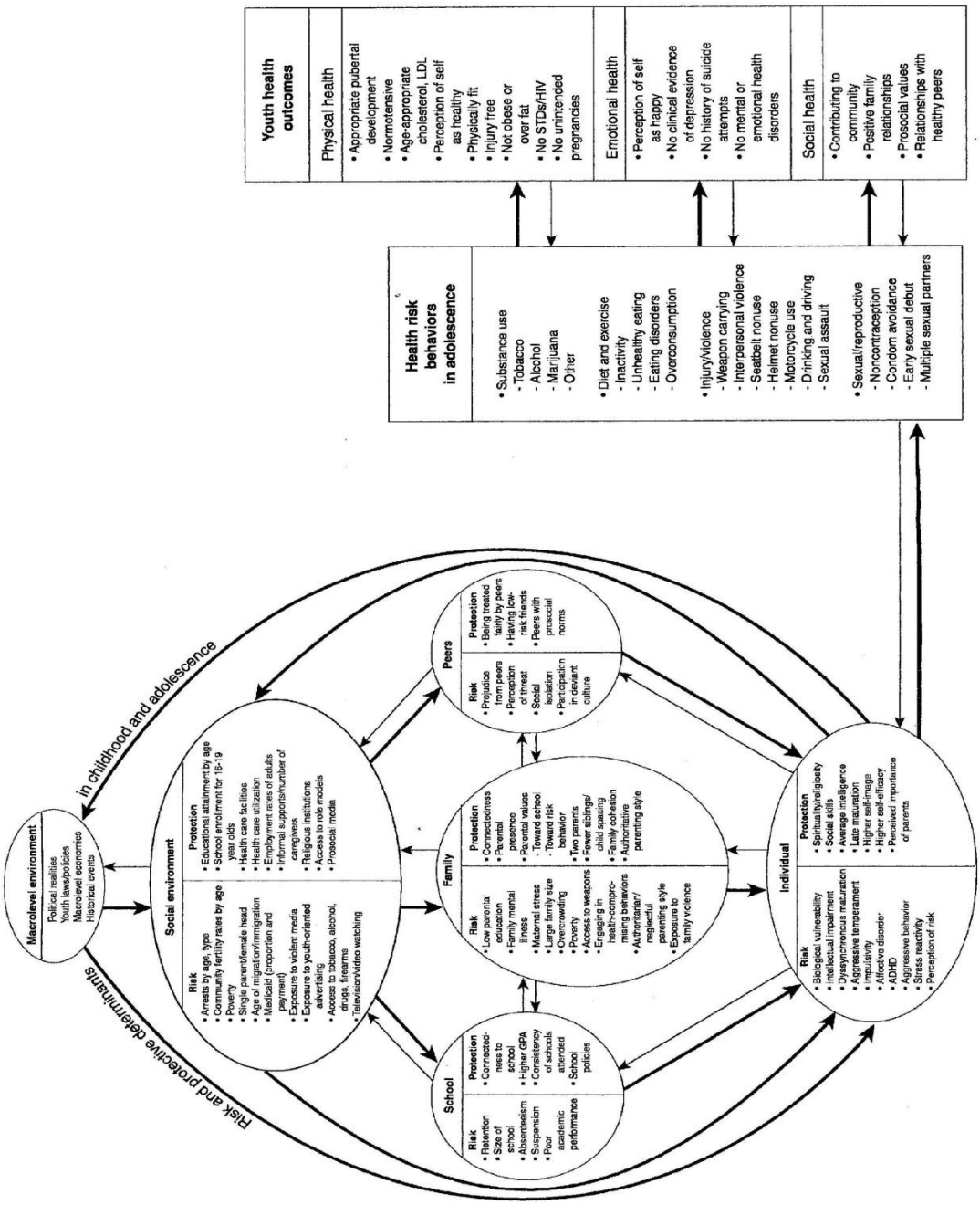
Risk-taking behaviour	Summary of current trend related to the risk taking behaviour
Teen pregnancy	Teenage birth rates since 2003 appear to have stabilised from just under 25, to 17 live births per 1000 females aged 15–19 years in 2006. In teenage births and subsequent life, both mother and baby experience lower outcomes than older mothers and their children (AIHW 2009).
Substance use	Young people 18–29 years old were most likely to use illicit drugs. Thirty one per cent of young people in this age bracket had used at least one illicit drug and 25% had used marijuana/cannabis in the previous 12 months. In 2004, 9% of 18–19 year olds had recently used ecstasy and methamphetamine (AIHW 2007b, p. 22). Among 14–19 year olds, lifetime use of cannabis had reduced from 45% in 1998 to 25.5% in 2004. The prevalence of methamphetamine use increased in Australia during the late 1990s and almost doubled from 2.1% in 1995 to 3.7% in 1998; with rates remaining fairly stable since. Ecstasy use between 1996 and 2005 slightly increased in 16–17 year olds and was fairly stable amongst other users. There has been a reduction in heroin and ecstasy use and fluctuations in cocaine use from 1998–2004 (Ross 2007). Substance use in young people is associated with persistent and

	wide ranging personal and social functioning difficulties, including decreased educational outcome, mental health problems and antisocial behaviour (Smart & Sanson 2005).
Alcohol use	Young people are the group at greatest risk of alcohol related harm (AIHW 2007a) and rates of young people's alcohol use and abuse continued to increase most alarmingly in the younger age groups. In 2004, 34.4% of 14–17 year olds had placed themselves at risk of alcohol related harm in the previous 12 months; 18% reported that they had consumed alcohol at levels considered to put themselves at risk for short term harm on a weekly basis, up from 15% in 2002; and 50% drank at these levels on a monthly basis, up from 42% in 2002 (Hayes et al. 2004, p. 15). Ten per cent of all Australians, 14% of young people aged 16–19 years, and 17% aged 20–24 years, consume alcohol on a weekly basis; classified as high risk of long term harm (AIHW 2007a).
Suicide and mental health	The suicide rate among males aged 12–24 years in Australia was 19 per 100 000 in 1985. This peaked at 23 in 1997 and dropped to 11 in 2004. During this time the suicide rate among females aged 12–24 years remained virtually unchanged at 4 per 100 000 in 2004 (AIHW 2007a, p. 29). Rates of suicide among males aged 15–24 rose about three-fold, from 1960 to 1990 (Harrison, Pointer & Elnour 2009). Mental health disorders were the leading cause of morbidity among 15–24 years in 2003 (AIHW 2007a, p. 23). Anxiety and depression are the two leading specific causes of mental disorder among young Australians (Wyn 2009).

Antisocial behaviour	Findings from the Australian Temperament Project (ATP) indicate that young people who display antisocial, behavioural and emotional difficulties are at greater risk of later antisocial and criminal behaviour, substance dependence and mental health problems (Vassallo et al. 2004; Smart & Sanson 2008). There is some evidence that the rates of children's temperament and behaviour problems, associated with later delinquency and antisocial behaviour, were generally similar from 1980–2000's (Smart & Sanson 2008). Young people are more likely than other Australians to be involved in violence that is associated with alcohol and other drug use (AIHW 2007b). Smart et al. (2003) identified that 'young people are responsible for more offences (judicial) than any other age group, with 10–24 year olds accounting for more than half of all offenders processed by Victoria Police in 1999–2000' (p. 1). Between 10–20 % of young people in Victoria are at risk or engage in one or more serious behaviours, and experience problems associated with mental health, drug abuse, homelessness, crime and other issues (Fiske 1999, p. 9).

Appendix two: An ecological model of childhood antecedents of adolescent health risk behaviours and health outcomes

(Blum, McNeely & Nonnemaker 2002).



Appendix three: Adolescent questionnaire

Please note. The Adolescent Resilience Questionnaire, forming part of the adolescent questionnaire, is not reproduced in this dissertation. It is available from the author D Gartland.

(Family number: _____)

Resilience and Spiritual Wellbeing (Adolescent Survey)

- If you are 12 years old to 19 years old please complete this survey
- Your answers to this survey are confidential. YOU DO NOT NEED TO WRITE YOUR NAME.
- There are no right or wrong answers. We are interested in <u>your</u> experiences.
- Please be as truthful as you can.
- Three key points to consider while filling out Part One of the questionnaire:
  - Part One appears really long, but, on careful examination, you will see that I'm simply leaving you a lot of space to express your thoughts. As some questions require quite a lot of thought I have added some prompts which may help get your thoughts started. Depending on how much time you wish to devote to the process, I am confident you can fill out the questionnaire in an hour's time but you may want to, allow more time for reflection. I believe the time you invest will be well spent.
  - Answer questions without worrying about spelling, punctuation, grammar, or correct word usage. Just write freely. Tell me the story in your own unique way. Also, add extra pages if you need more space.
  - After you have finished writing, I encourage you to enjoy discussing your individual perceptions with your family.

Part One

1. What does the term spiritual wellbeing mean to you? (Prompt: How would you describe the concept of spiritual wellbeing to someone else?)

2. Where does your sense of spiritual wellbeing come from? (Prompt: Who or what informs your spiritual wellbeing?)

3. What sort of things, if any, do you do to achieve a level of spiritual wellbeing with which you are satisfied? Please write about an incident that best illustrates what things you do to improve your spiritual wellbeing. Write as close to the incident as possible. (Prompt: Can you provide some examples from what you did in the last 7 days?)

4. How important is spiritual wellbeing to you and the way you live your life? Please write about an incident that best illustrates how important spiritual wellbeing is to how you manage your life. Write as much details about the incident as possible. (Prompt: Can you provide some examples of the part it plays in your life?)

5. How is spiritual wellbeing demonstrated in your family? Is it different from how your spiritual wellbeing is demonstrated? Is this OK with you? Please write about an incident that best illustrates how spiritual wellbeing is demonstrated in your family.

6. Drawing on your thoughts of spiritual wellbeing, please write an incident when your family helped you achieve a level of spiritual wellbeing that you were happy with. Include, if you can, what your family did to help achieve this level of spiritual wellbeing.

7. In what way, if any, does God contribute towards your spiritual wellbeing?

8. In what way, if any, do other people outside of your family influence your spiritual wellbeing?

9. In what way, if any, does the natural environment contribute to your spiritual wellbeing? (Prompt: What actions do you take in respect to the natural environment that influences your spiritual wellbeing?)

10. In what way, if any, does the church family or church community influence your spiritual wellbeing?

11. What do you think you would have liked to have been told about spiritual wellbeing at an earlier time in your life? Please include why would this have been important to you?

12. What has been a high point in your spiritual life? Please write a story about this time and why it is so important to you.

Part Two. Some questions about you…

1. How old are you? _____
2. Are you:
   - ☐ Male
   - ☐ Female
3. What are you currently doing? (Tick as many as apply)
   - ☐ Attending school
   - ☐ Working part time
   - ☐ Attending university/TAFE
   - ☐ Working full time
   - ☐ Unemployed
   - ☐ Other _____
4. Are your parents:
   - ☐ Living together
   - ☐ Have never lived together
   - ☐ Separated or divorced
   - ☐ Something else _____
   - ☐ One or both my parents have died
5. In your family, are you the:
   - ☐ First child
   - ☐ Third child
   - ☐ Second child
   - ☐ Fourth child or higher
6. Your mothers highest level of education:
   - ☐ Primary School
   - ☐ Technical /TAFE
   - ☐ Secondary School
   - ☐ Apprenticeship
   - ☐ University
   - ☐ Other/Don't know _____

Please read each line carefully and circle the number that most closely tells us how often each statement is true for you or regarding the family you live with.

	Not applicable	Not at all	Only slightly	Moderately	A lot	Very	Don't Know
How enthusiastic are you about your church?	1	2	3	4	5	6	7
How enthusiastic is your father about your church? (if applicable)	1	2	3	4	5	6	7
How enthusiastic is your mother about your church? (if applicable)	1	2	3	4	5	6	7

	Every day	A few times a week	About once a week	A few times a month	A few times a year	Never	Can't say
How often, if ever, does your family talk about Christian issues?	1	2	3	4	5	6	7
How often, if ever, does your family pray together?	1	2	3	4	5	6	7
How often, if ever, do you pray?	1	2	3	4	5	6	7
How often, if ever, does your family read the bible together?	1	2	3	4	5	6	7
How often, if ever, do you read the bible?	1	2	3	4	5	6	7

About how often do you attend church services and activities?

1. Never
2. Few times a year (including once a year)
3. Many times a year
4. Once a month
5. 2-3 times a month
6. Once a week
7. More than once a week

About how often does your mother attend church services and activities?

1. Never
2. Few times a year (including once a year)
3. Many times a year
4. Once a month
5. 2-3 times a month
6. Once a week
7. More than once a week
8. Can't say
9. Not applicable

About how often does your father attend church services and activities?

1. Never
2. Few times a year (including once a year)
3. Many times a year
4. Once a month
5. 2-3 times a month
6. Once a week
7. More than once a week
8. Can't say
9. Not applicable

Each of the six traits listed in the next two questions deal with an important aspect that some people think contributes to the health and well-being of individuals and the church. Please circle a number (1 through to 5) that best describes **how satisfied** you are with how members of your **church** demonstrate these traits.

	Very Dissatisfied	Somewhat Dissatisfied	Generally Satisfied	Very Satisfied	Extremely Satisfied
Appreciation and affection	**1**	**2**	**3**	**4**	**5**
Commitment to each other	**1**	**2**	**3**	**4**	**5**
Positive communication	**1**	**2**	**3**	**4**	**5**
Enjoy spending time together	**1**	**2**	**3**	**4**	**5**
Encourages Spiritual well-being	**1**	**2**	**3**	**4**	**5**
Successfully manage stress and crisis.	**1**	**2**	**3**	**4**	**5**

How **satisfied** you are with these aspects of your **family** relationship? Please circle the choice that best indicates the extent of your satisfaction or dissatisfaction.

	Very Dissatisfied	Somewhat Dissatisfied	Generally Satisfied	Very Satisfied	Extremely Satisfied
The degree of closeness between family members	1	2	3	4	5
Your family's ability to cope with stress	1	2	3	4	5
Your family's ability to be flexible	1	2	3	4	5
Your family's ability to share positive experiences	1	2	3	4	5
The quality of communication between family members	1	2	3	4	5
Your family's ability to resolve conflicts	1	2	3	4	5
The amount of time you spend together as a family	1	2	3	4	5
The way problems are discussed	1	2	3	4	5
The fairness of criticism in your family	1	2	3	4	5
Family members concern for each other	1	2	3	4	5

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree	***D = Disagree***
MA = Moderately Agree	***MD = Moderately Disagree***
A = Agree	***SD = Strongly Disagree***

I don't find much satisfaction in private prayer with God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I don't know who I am, where I come from, or where I am going	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I believe that God loves me and cares about me	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel that life is a positive experience	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I believe that God is impersonal and not interested in my daily situations	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel unsettled about my future	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I have a personally meaningful relationship with God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel very fulfilled and satisfied with life	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I don't get much personal strength and support from my God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel a sense of wellbeing about the direction in which my life is headed in	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I believe that God is concerned about my problems	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I don't enjoy much about life	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I don't have a personally satisfying relationship with God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel good about my future	**SA**	**MA**	**A**	**D**	**MD**	**SD**
My relationship with God helps me not to feel lonely	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel that life is full of conflict and unhappiness	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel most fulfilled when I'm in close communion with God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
Life doesn't have much meaning	**SA**	**MA**	**A**	**D**	**MD**	**SD**
My relationship with God contributes to my sense of wellbeing	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I believe there is some real purpose for my life	**SA**	**MA**	**A**	**D**	**MD**	**SD**

These questions pertain to people's beliefs. There are no right or wrong answers, so please indicate if you, personally, agree or disagree strongly with each statement, agree or disagree somewhat with the statement, or you don't know

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
The Bible is totally accurate in all of its teachings	1	2	3	4	5
I, personally, have a responsibility to tell other people my religious beliefs	1	2	3	4	5
When He lived on earth, Jesus Christ committed sins, like other people	1	2	3	4	5
The devil, or Satan, is not a living being but is a symbol of evil	1	2	3	4	5
If people are generally good or do good things for others during their lives, they will earn a place in Heaven	1	2	3	4	5

There are many different beliefs about God or a higher power. Please indicate which ONE of the following descriptions comes closest to what you, personally, believe about God.

1. Everyone is god.
2. God is the all-powerful, all-knowing, perfect Creator of the universe who rules the world today.
3. God refers to the total realization of personal, human potential.
4. There are many gods, each with different power and authority.
5. God represents a state of higher consciousness that a person may reach.
6. There is no such thing as God.
7. Don't know.

Have you ever made a personal commitment to Jesus Christ that is still important in your life today?

1. Yes. GO TO NEXT QUESTION
2. No. SKIP NEXT QUESTION
3. Don't know. SKIP NEXT QUESTION

The following statements are about what will happen to you after you die. Please indicate which ONE of these statements best describes your own belief about what will happen to you after you die. Which comes closest to what you believe?

1. When I die I will go to Heaven because I have tried to obey the Ten Commandments.
2. When I die I will go to Heaven because I am basically a good person.
3. When I die I will go to Heaven because I have confessed my sins and have accepted Jesus Christ as my Saviour.
4. When I die I will go to Heaven because God loves all people and will not let them perish.
5. When I die I will not go to Heaven.
6. I do not know what will happen after I die.
7. Other (explain):
8. Don't know.

Changing topics for a moment, think about the choices you make every day. People make their decisions in different ways. When you are faced with a moral or ethical choice, which ONE of the following statements best describes how you decide what to do? In other words, which one statement best describes how you usually make your moral or ethical decisions?

1. I do whatever will make the most people happy or create the least conflict.
2. I do whatever I think my family or friends would expect me to do.
3. I follow a set of specific principles or standards I believe in that serve as guidelines for my behaviour.
4. I do what I believe most other people would do in that situation.
5. I do whatever feels right or comfortable in that situation.
6. I do whatever will produce the most positive outcome for me personally.
7. Other (explain):
8. Don't know.

Some people believe there are moral truths that are absolute, meaning that those moral truths or principles do not change according to the circumstances. Other people believe that moral truth always depends upon the situation, meaning their moral and ethical decisions depend upon the circumstances. How about you? Do you believe there are moral absolutes that are unchanging, or do you believe moral truth is relative to the circumstances? Or is this something you have never really thought about? If so, is that because you have thought about this matter and have not arrived at a conclusion? Which statement below best describes your view?

1. Moral truth is absolute.
2. Moral truth is relative to circumstances.
3. Thought about it, have no conclusion.
4. Never thought about it.
5. Don't know.

The Adolescent Resilience Questionnaire was used with permission and is available from Gartland, D 2009, 'Resilience in adolescents: The development and preliminary psychometric testing of a new measure', PhD thesis, Swinburne University of Technology. The ARQ is not included in this appendix.

Thank you very much for taking the time to complete this survey.

Appendix four: Adult questionnaire

(Family number: _____)

Resilience and Spiritual Wellbeing (Adult Survey)

- If you are 20 years or older please complete this survey
- Your answers to this survey are confidential. YOU DO NOT NEED TO WRITE YOUR NAME.
- There are no right or wrong answers. We are interested in <u>your</u> experiences.
- Please be as truthful as you can.
- Three key points to consider while filling out Part One of the questionnaire:
  - Part One appears really long, but, on careful examination, you will see that I'm simply leaving you a lot of space to express your thoughts. As some questions require quite a lot of thought I have added some prompts which may help get your thoughts started. Depending on how much time you wish to devote to the process, I am confident you can fill out the questionnaire in an hour's time but you may want to, allow more time for reflection. I believe the time you invest will be well spent.
  - Answer questions without worrying about spelling, punctuation, grammar, or correct word usage. Just write freely. Tell me the story in your own unique way. Also, add extra pages if you need more space.
  - After you have finished writing, I encourage you to enjoy discussing your individual perceptions with your family.

Part One

1. What does the term spiritual wellbeing mean to you? (Prompt: How would you describe the concept of spiritual wellbeing to someone else?)

2. Where does your sense of spiritual wellbeing come from? (Prompt: Who or what informs your spiritual wellbeing?)

3. What sort of things, if any, do you do to achieve a level of spiritual wellbeing with which you are satisfied? Please write about an incident that best illustrates what things you do to improve your spiritual wellbeing. Write as close to the incident as possible. (Prompt: Can you provide some examples from what you did in the last 7 days?)

4. How important is spiritual wellbeing to you and the way you live your life? Please write about an incident that best illustrates how important spiritual wellbeing is to how you manage your life. Write as much details about the incident as possible. (Prompt: Can you provide some examples of the part it plays in your life?)

5. How is spiritual wellbeing demonstrated in your family? Is it different from how your spiritual wellbeing is demonstrated? Is this OK with you? Please write about an incident that best illustrates how spiritual wellbeing is demonstrated in your family.

6. Drawing on your thoughts of spiritual wellbeing, please write an incident when your family helped you achieve a level of spiritual wellbeing that you were happy with. Include, if you can, what your family did to help achieve this level of spiritual wellbeing.

7. In what way, if any, does God contribute towards your spiritual wellbeing?

8. In what way, if any, do other people outside of your family influence your spiritual wellbeing?

9. In what way, if any, does the natural environment contribute to your spiritual wellbeing? (Prompt: What actions do you take in respect to the natural environment that influences your spiritual wellbeing?)

10. In what way, if any, does the church family or church community influence your spiritual wellbeing?

11. What do you think you would have liked to have been told about spiritual wellbeing at an earlier time in your life? Please include why would this have been important to you?

12. What has been a high point in your spiritual life? Please write a story about this time and why it is so important to you.

Part Two. Some questions about you…

1. How old are you? _____
2. Are you:
   - ☐ Male
   - ☐ Female
3. What are you currently doing? (Tick as many as apply)
   - ☐ Attending school
   - ☐ Working part time
   - ☐ Attending university/TAFE
   - ☐ Working full time
   - ☐ Unemployed
   - ☐ Other _____
4. In your family, are you the:
   - ☐ Father
   - ☐ Mother
   - ☐ Something else _____
   - ☐ First child
   - ☐ Third child
   - ☐ Second child
   - ☐ Fourth child or higher
5. Your highest level of education:
   - ☐ Primary School
   - ☐ Technical /TAFE
   - ☐ Secondary School
   - ☐ Apprenticeship
   - ☐ University
   - ☐ Other/Don't know _____

Please read each line carefully and circle the number that most closely tells us how often each statement is true for you or regarding the family you live with.

	Not applicable	Not at all	Only slightly	Moderately	A lot	Very	Don't Know
How enthusiastic are you about your church?	1	2	3	4	5	6	7
How enthusiastic is your child/ren about your church? (if applicable)	1	2	3	4	5	6	7
How enthusiastic is your father about your church? (if applicable)	1	2	3	4	5	6	7
How enthusiastic is your mother about your church? (if applicable)	1	2	3	4	5	6	7

	Every day	A few times a week	About once a week	A few times a month	A few times a year	Never	Can't say
How often, if ever, does your family talk about Christian issues?	1	2	3	4	5	6	7
How often, if ever, does your family pray together?	1	2	3	4	5	6	7
How often, if ever, do you pray?	1	2	3	4	5	6	7
How often, if ever, does your family read the bible together?	1	2	3	4	5	6	7
How often, if ever, do you read the bible?	1	2	3	4	5	6	7

Each of the six traits listed below deal with an important aspect that some people think contributes to the health and well-being of individuals and the church. Please circle a number (1 through to 5) that best describes **how satisfied** you are with how members of your church demonstrate these traits.

	Very Dissatisfied	Somewhat Dissatisfied	Generally Satisfied	Very Satisfied	Extremely Satisfied
Appreciation and affection	1	2	3	4	5
Commitment to each other	1	2	3	4	5
Positive communication	1	2	3	4	5
Enjoy spending time together	1	2	3	4	5
Encourages Spiritual well-being	1	2	3	4	5
Successfully manage stress and crisis.	1	2	3	4	5

How satisfied you are with these aspects of your family relationship? Please circle the choice that best indicates the extent of your satisfaction or dissatisfaction.

	Very Dissatisfied	Somewhat Dissatisfied	Generally Satisfied	Very Satisfied	Extremely Satisfied
The degree of closeness between family members	1	2	3	4	5
Your family's ability to cope with stress	1	2	3	4	5
Your family's ability to be flexible	1	2	3	4	5
Your family's ability to share positive experiences	1	2	3	4	5
The quality of communication between family members	1	2	3	4	5
Your family's ability to resolve conflicts	1	2	3	4	5
The amount of time you spend together as a family	1	2	3	4	5
The way problems are discussed	1	2	3	4	5
The fairness of criticism in your family	1	2	3	4	5
Family members concern for each other	1	2	3	4	5

(Family Satisfaction Scale, D Olson © Life Innovations 2006)

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree	***D = Disagree***
MA = Moderately Agree	***MD = Moderately Disagree***
A = Agree	***SD = Strongly Disagree***

I don't find much satisfaction in private prayer with God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I don't know who I am, where I come from, or where I am going	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I believe that God loves me and cares about me	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel that life is a positive experience	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I believe that God is impersonal and not interested in my daily situations	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel unsettled about my future	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I have a personally meaningful relationship with God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel very fulfilled and satisfied with life	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I don't get much personal strength and support from my God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel a sense of wellbeing about the direction in which my life is headed in	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I believe that God is concerned about my problems	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I don't enjoy much about life	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I don't have a personally satisfying relationship with God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel good about my future	**SA**	**MA**	**A**	**D**	**MD**	**SD**
My relationship with God helps me not to feel lonely	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel that life is full of conflict and unhappiness	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I feel most fulfilled when I'm in close communion with God	**SA**	**MA**	**A**	**D**	**MD**	**SD**
Life doesn't have much meaning	**SA**	**MA**	**A**	**D**	**MD**	**SD**
My relationship with God contributes to my sense of wellbeing	**SA**	**MA**	**A**	**D**	**MD**	**SD**
I believe there is some real purpose for my life	**SA**	**MA**	**A**	**D**	**MD**	**SD**

These questions pertain to people's beliefs. There are no right or wrong answers, so please indicate if you, personally, agree or disagree strongly with each statement, agree or disagree somewhat with the statement, or you don't know

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
The Bible is totally accurate in all of its teachings	1	2	3	4	5
I, personally, have a responsibility to tell other people my religious beliefs	1	2	3	4	5
When He lived on earth, Jesus Christ committed sins, like other people	1	2	3	4	5
The devil, or Satan, is not a living being but is a symbol of evil	1	2	3	4	5
If people are generally good or do good things for others during their lives, they will earn a place in Heaven	1	2	3	4	5

There are many different beliefs about God or a higher power. Please indicate which ONE of the following descriptions comes closest to what you, personally, believe about God.

1. Everyone is god.
2. God is the all-powerful, all-knowing, perfect Creator of the universe who rules the world today.
3. God refers to the total realization of personal, human potential.
4. There are many gods, each with different power and authority.
5. God represents a state of higher consciousness that a person may reach.
6. There is no such thing as God.
7. Don't know.

Have you ever made a personal commitment to Jesus Christ that is still important in your life today?

1. Yes. GO TO NEXT QUESTION
2. No. SKIP NEXT QUESTION
3. Don't know. SKIP NEXT QUESTION

The following statements are about what will happen to you after you die. Please indicate which ONE of these statements best describes your own belief about what will happen to you after you die. Which comes closest to what you believe?

1. When I die I will go to Heaven because I have tried to obey the Ten Commandments.
2. When I die I will go to Heaven because I am basically a good person.
3. When I die I will go to Heaven because I have confessed my sins and have accepted Jesus Christ as my Saviour.
4. When I die I will go to Heaven because God loves all people and will not let them perish.
5. When I die I will not go to Heaven.
6. I do not know what will happen after I die.
7. Other (explain):
8. Don't know.

Changing topics for a moment, think about the choices you make every day. People make their decisions in different ways. When you are faced with a moral or ethical choice, which ONE of the following statements best describes how you decide what to do? In other words, which one statement best describes how you usually make your moral or ethical decisions?

1. I do whatever will make the most people happy or create the least conflict.
2. I do whatever I think my family or friends would expect me to do.
3. I follow a set of specific principles or standards I believe in that serve as guidelines for my behaviour.
4. I do what I believe most other people would do in that situation.
5. I do whatever feels right or comfortable in that situation.
6. I do whatever will produce the most positive outcome for me personally.
7. Other (explain):
8. Don't know.

Some people believe there are moral truths that are absolute, meaning that those moral truths or principles do not change according to the circumstances. Other people believe that moral truth always depends upon the situation, meaning their moral and ethical decisions depend upon the circumstances. How about you? Do you believe there are moral absolutes that are unchanging, or do you believe moral truth is relative to the circumstances? Or is this something you have never really thought about? If so, is that because you have thought about this matter and have not arrived at a conclusion? Which statement below best describes your view?

1. Moral truth is absolute.
2. Moral truth is relative to circumstances.
3. Thought about it, have no conclusion.
4. Never thought about it.
5. Don't know.

About how often do you attend church services and activities?

1. Never
2. Few times a year (including once a year)
3. Many times a year
4. Once a month
5. 2-3 times a month
6. Once a week
7. More than once a week

Thank you very much!

Appendix five: Participant information letter

ACU National

INFORMATION LETTER TO PARTICIPANTS

Australian Catholic University Limited
ABN 15 050 192 660
Melbourne Campus (St Patrick's)
115 Victoria Parade Fitzroy VIC 3065
Locked Bag 4115 Fitzroy MDC VIC 3065
Telephone 613 9953 3000
Facsimile 613 9953 3005
www.acu.edu.au

Title of Project: Resilience and spiritual wellbeing survey.

Name of Supervisor: Associate Professor Ruth Webber

Student Researcher: Mr Lindsay Smith

Name of Program in which enrolled: Doctor of Philosophy

Dear Participant,

A number of recent Australian and International studies have shown that spiritual wellbeing is linked with improved family life and outcomes for young people. Young people with higher levels of spiritual wellbeing & who are spiritually active engage in less risk taking behaviour, have increased health outcomes, enhanced self-esteem and positive attitudes to life. Most research with families has focused on problems or trouble and isolate where the family went wrong which provides little guidance about what families can do to optimise positive outcomes. This research however will attempt to identify what families and the church are doing well and what they can do to optimise positive outcomes in their young people. The project will focus on *how* families and the church succeed in helping young people develop their spiritual wellbeing. This research will contribute to a greater understanding of how spiritual wellbeing is affected by the connections between the young person, their family and the church; as well as how spiritual wellbeing enhances overall youth health and wellbeing. Understanding these relationships and connections may help us understand important factors that optimise health and wellbeing outcomes for the young person.

There are no expected risks or discomforts associated with participating in this study

I am using a survey in order to obtain this information and I would really appreciate your help by completing and returning the survey so I can learn from your successes. This survey should take you about 60 minutes to complete. If you take longer than this, it is ok as you may take as long as you like. Participating in this research will give you an opportunity to discuss and reflect on your own values, spiritual journey, attitudes and contributions to your family and your church. It may even help further family conversations about these matters. It is hoped that this research will also lead to publications in journal articles and books.

If you are under the age of 18, please talk about participating in this study with your parent(s) or guardian and see if they are happy for you to volunteer. You could show them this letter.

If you initially agree to participate and you change your mind at any time, you are free to do so without giving a reason. If you are completing this survey because a parent has asked you to yet you do not want to, please just tell your parent you don't want to continue. This is ok and we will simply collect the completed survey from anyone in the family who would like to complete one.

In this package you will find four surveys all with the same number located at the top. This number is solely for the use of matching the survey to others from the same family. No information that will identify you or your family is collected. At all times the information obtained will be kept confidential and you will remain anonymous at all times. What you say in the survey will be treated in confidence. The only people to have access to the information will be the researchers and a data entry clerk.

If you would like to volunteer, please fill in the survey, put it in the envelope provided, seal it and place your envelope along with any other family member's sealed envelopes in the large envelope provided and return them together.

Any questions regarding this project should be directed to the Supervisor and the Student Researcher on

Associate Professor Ruth Webber
Quality of Life & Social Justice Flagship
Australian Catholic University
115 Victoria Parade
Fitzroy, Victoria 3065

Phone (03) 99533221
Fax (03) 9495 6118
R.Webber@patrick.acu.edu.au

The results of the study can be made available to participants by contacting any of the researchers listed. This study has been approved by the Human Research Ethics Committee at Australian Catholic University.

In the event that you have any complaint or concern about the way you have been treated during the study, or if you have any query that the Supervisor and Student Researcher have not been able to satisfy, you may write to the Chair of the Human Research Ethics Committee care of the nearest branch of the Research Services Unit.

Chair, HREC
C/o Research Services
Australian Catholic University
Melbourne Campus
Locked Bag 4115
FITZROY VIC 3065
Tel: 03 9953 3157 Fax: 03 9953 3315

Any complaint or concern will be treated in confidence and fully investigated. The participant will be informed of the outcome.

Your Senior Pastor (name removed) and Youth Leader (name removed) have both agreed to allow this survey to be distributed to members of your church. If whilst completing this survey you become upset, or would like to talk to someone confidentially about this, please contact either:

Senior Pastor
(details removed)

or

Youth Leader
(details removed)

Thank you for your help.

Yours faithfully,

Lindsay Smith
Student Researcher

Associate Professor Ruth Webber
Principal Researcher

Appendix six: Ethics approval

Human Research Ethics Committee

Committee Approval Form

Principal Investigator/Supervisor: A/P Ruth Webber Melbourne Campus

Co-Investigators: Melbourne Campus

Student Researcher: Lindsay Smith Melbourne Campus

Ethics approval has been granted for the following project:
Exploring the phenomena of spiritual well-being. A mixed methods case study of Australian youth attending one Christian Church.

for the period: 27.02.2007 to 30.06.2007

Human Research Ethics Committee (HREC) Register Number: V200607 41

The following standard conditions as stipulated in the *National Statement on Ethical Conduct in Research Involving Humans* (1999) apply:

(i) that Principal Investigators / Supervisors provide, on the form supplied by the Human Research Ethics Committee, annual reports on matters such as:
- security of records
- compliance with approved consent procedures and documentation
- compliance with special conditions, and

(ii) that researchers report to the HREC immediately any matter that might affect the ethical acceptability of the protocol, such as:
- proposed changes to the protocol
- unforeseen circumstances or events
- adverse effects on participants

The HREC will conduct an audit each year of all projects deemed to be of more than minimum risk. There will also be random audits of a sample of projects considered to be of minimum risk on all campuses each year.

Within one month of the conclusion of the project, researchers are required to complete a *Final Report Form* and submit it to the local Research Services Officer.

If the project continues for more than one year, researchers are required to complete an *Annual Progress Report Form* and submit it to the local Research Services Officer within one month of the anniversary date of the ethics approval.

Signed: ..... Date: .....
(Research Services Officer, Melbourne Campus)

Appendix seven: Correlations table

		Family consonance	Family church network	Spiritual wellbeing	Biblical world-view	Family strengths	Church family strengths	Family spiritual practices	Personal spiritual practices	Adolescent resilience
Family consonance	Pearson Correlation	1								
	Sig. (1-tailed)									
	N	56								
Family church network	Pearson Correlation	0.000	1							
	Sig. (1-tailed)	0.500								
	N	56	56							
Spiritual wellbeing	Pearson Correlation	.396(**)	.464(**)	1						
	Sig. (1-tailed)	0.001	0.000							
	N	55	55	56						
Biblical world-view	Pearson Correlation	.592(**)	.106	.604(**)	1					
	Sig. (1-tailed)	.000	.224	.000						
	N	53	53	53	54					
Family strengths	Pearson Correlation	0.188	.849(**)	.400(**)	.148	1				
	Sig. (1-tailed)	0.082	0.000	0.001	.142					
	N	56	56	56	54	57				
Church family strengths	Pearson Correlation	-0.001	.888(**)	.435(**)	.117	.475(**)	1			
	Sig. (1-tailed)	0.496	0.000	0.000	.199	0.000				
	N	56	56	56	54	57	57			
Family spiritual practices	Pearson Correlation	.866(**)	0.030	.242(*)	.371(**)	0.181	0.066	1		
	Sig. (1-tailed)	0.000	0.415	0.037	.003	0.091	0.315			
	N	56	56	55	53	56	56	56		
Personal spiritual practices	Pearson Correlation	.839(**)	0.146	.529(**)	.710(**)	0.212	0.150	.474(**)	1	
	Sig. (1-tailed)	0.000	0.141	0.000	.000	0.057	0.133	0.000		
	N	56	56	56	54	57	57	56	57	
Adolescent resilience	Pearson Correlation	.550(**)	.670(**)	.769(**)	.578(**)	.634(**)	.644(**)	.471(*)	.608(**)	1
	Sig. (1-tailed)	0.004	0.000	0.000	.002	0.001	0.001	0.013	0.001	
	N	22	22	22	22	22	22	22	22	22

** Correlation is significant at the 0.01 level (1-tailed). * Correlation is significant at the 0.05 level (1-tailed).

Appendix eight: Regression analysis supporting the path analysis

Chapter Eight presented the final multistage respecified model after trimming of non-significant paths from the hypothesised model, and the underpinning logic to the conclusions made. This appendix presents the full mediation and regression analysis related to adolescent resilience and includes the hypothesised model before trimming of non-significant paths. R^2 *adj* is used to interpret the regression results when the sample size is < 60 and the independent variables are numerous (Meyers et al, p. 213). R^2 *adj* is a more conservative indicator of the variance in the dependent variable accounted for by the combination of the two independent variables. A series of regressions was conducted following the procedures outlined by Baron and Kenny (1986), as discussed in Chapter Eight. This appendix will fully demonstrate each step, following data presentation style and logic recommended by Markstrom et al. (2010), 'to establish a mediator model, the following steps must be established: (a) the independent variable (IV) significantly predicts the mediator, (b) the IV significantly predicts the dependent variable (DV) and (c) the mediator significantly predicts the DV, and the IV is either non-significant or takes a lesser role in the equation' (p. 68) when the mediator is present.

Step a: The IV's family consonance (spiritual activity) and family church network were demonstrated to contribute significantly to the prediction of adolescent spiritual wellbeing, the mediator variable in the model. These results are presented in Figure 8.2 (Chapter Eight).

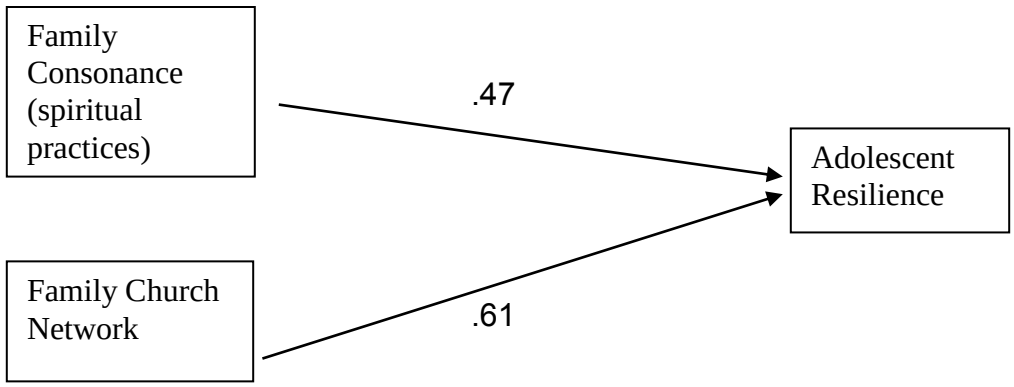
Step b: Stepwise multiple regression was conducted with adolescent resilience as the dependent variable and family consonance (spiritual activity) and family church network as independent variables. R^2 *adj* = .64 F (2, 19) = 19.24, p < .001 indicates that a clear association exists between the weighted linear composite of the independent variables as specified in the model and the dependent variable. Both independent variables (family consonance and family church network) contributed significantly to the prediction of adolescent resilience, the dependent variable in the mediator model (see Table appendix 8.1 and Figure appendix 8.1).

Table appendix 8.1. Multiple regression table of results for adolescent resilience

Variable	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Family Consonance (spiritual practices).	12.89	3.63	.47	3.57	.002
Family Church Network	16.95	3.69	.61	4.59	.000

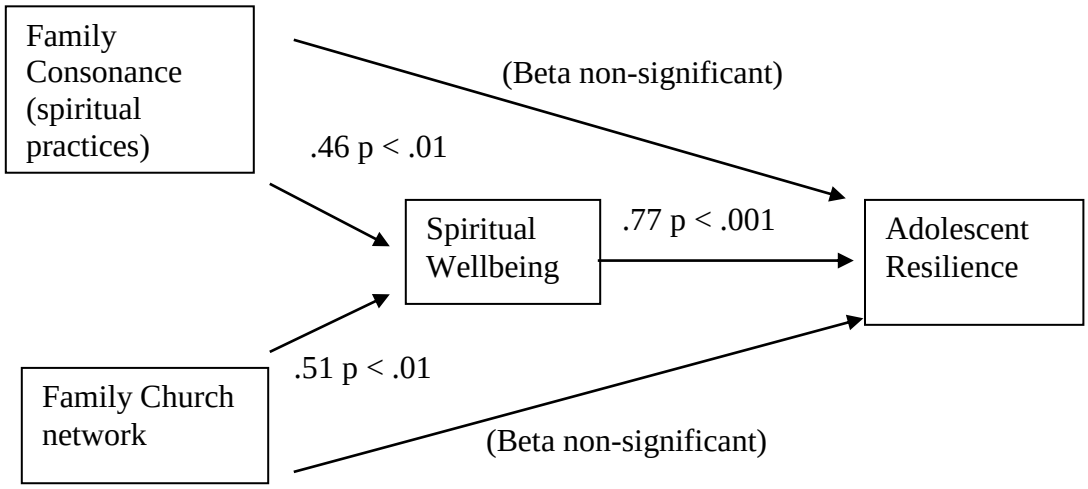
Note R^2 = .30 for Family consonance; ΔR^2 = .37 for Family church network.

Figure appendix 8.1. Stepwise multiple regression model for adolescent resilience



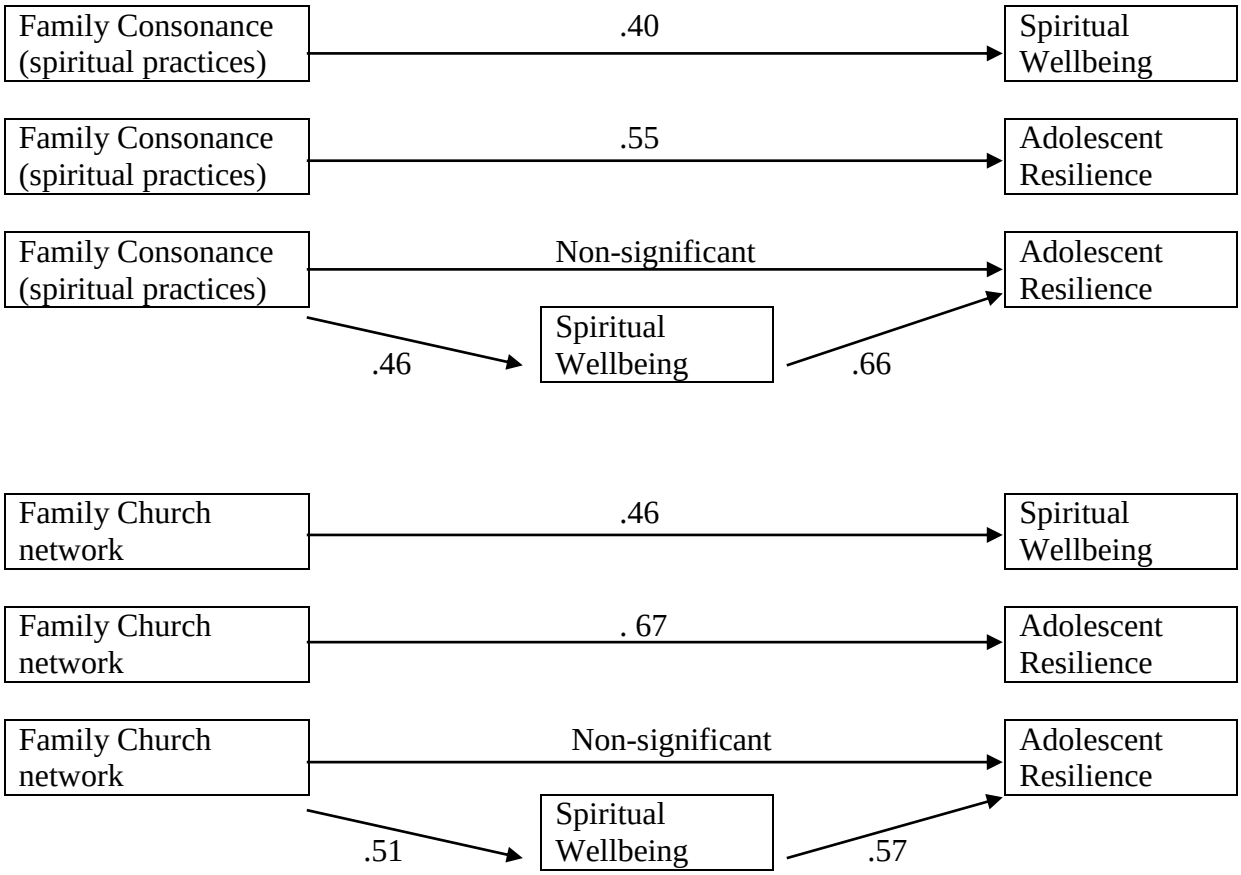
Step c: Spiritual wellbeing was then hypothesised to be the mediator between the IV's, family consonance (spiritual activity) and family church network, and the dependent variable adolescent resilience. The mediator adolescent spiritual wellbeing significantly predicted the DV adolescent resilience (see Figure appendix 8.2). Stepwise multiple regression was used to examine the influence of the various combinations necessary to demonstrate mediation by spiritual wellbeing (see Figure appendix 8.3). These regression models demonstrate that both the IV's family consonance (spiritual activity) and the family church network were no longer significant related to adolescent resilience at $p < .01$.

Figure appendix 8.2. Untrimmed model for adolescent resilience



Family church network predicted adolescent resilience at p < .05 level (Beta .34 p < .05) however, the more conservative p< .01 level was retained. As a result, the direct pathways between family consonance (spiritual practices) and family church network on adolescent resilience were removed from the final model. The final multistage respecified mediation model after trimming of non-significant paths from the hypothesised model is depicted in Figure 8.3 (Chapter Eight).

Figure appendix 8.3. Visual depiction of mediational models



Note: Coefficients indicate Beta values for each predictor from the second step of each model. Indicated Beta values for family church network and spiritual wellbeing, and family consonance (spiritual practices) and spiritual wellbeing are from initial regression analysis presented in Figure 8.2 (Chapter Eight). For all values $p < .01$

Appendix nine: Publications during candidature

Smith L 2010, 'Bioecology of spiritual development and its relationship to adolescent resilience', *Third Nordic conference in family focused nursing*, September 22–23, Kalmar, Sweden, p. 30.

Smith L 2009, 'Strengthening resilience enhances health and wellbeing outcomes for young mothers and their children', *Third biennial conference of the Australian Association of Maternal, Child & Family Health Nurses*, April 2–4, Adelaide, South Australia.

Smith, L (2008), 'The young person', in M Barnes and J Rowe (eds), *Child, youth and family health. Strengthening communities*, Churchill Livingstone, Sydney, pp. 150–165. (See Appendix Ten.)

Smith, L 2008, 'Lessons learnt from using strengths based perspective in research', *5th Australian family and community strengths conference: Community engagement a rewarding business*, April 16–18, Newcastle, New South Wales, p. 9.

Smith, L 2007, 'Exploring the phenomena of spiritual wellbeing: Results from the pilot of a mixed methods PhD study', *Australian Association for the Study of Religions Annual conference: The end of the world as we know it? New directions in Australian spirituality*, July 6–8 2007, Australian Catholic University, Melbourne, Victoria, p. 23.

Smith, L 2005, ‘Spiritual wellbeing and adolescent outcomes: A vital link. Poster presentation, *4th Annual Australian & New Zealand Adolescent Health Conference,* November 10–11, Melbourne, Victoria, p. 20.

Smith, L 2005, ‘The universality of spiritual wellbeing and its relationship to adolescent resilience’, *Family and community strengths conference*, December 5–8, Newcastle, New South Wales.

Appendix ten: The young person

Chapter 9

The young person

Lindsay Smith

Learning outcomes

Reading this chapter will help you to:

- identify three key strategies for providing best nursing care of the young person
- understand the importance of the bioecological context of the young person
- review key indicators of health and wellbeing for the young person in Australia and New Zealand
- discuss a range of protective factors that support health and development for the young person
- discuss a range of risks that threaten health and development for the young person
- discuss the broad bioecological determinants that influence health and development for the young person
- describe how nurses can promote health and support optimal outcomes for the young person in the community
- identify four important stages that a relationship moves through and some actions that enhance connectedness with young people
- discuss how nurses can enhance personal, family and community strengths to support optimum health and development for the young person
- conduct a nursing assessment of family strengths with a young person, and
- recognise the challenges that you the nurse may experience in caring for the young person.

Introduction

This chapter explores nursing the young person within the context of their family and their community. The focus of this chapter is to understand how nurses promote health and wellbeing for the young person across the bioecological context. The life stage between late childhood and young adulthood (approximately 10–24 years old) is together termed the 'young person' in this chapter. Our understanding of this period of life is changing, especially in relation to adolescence. Many children are moving out of the innocence and dependence of childhood at a younger age. Likewise, it may take longer for adolescents to move fully away from semidependence on their family. Thus, nursing young people is not bound by age and hormonal changes of the person (as much as these bring significant biological factors that need to be considered) as it is bound by fulfilling their personal achievement and autonomy within specific sociocultural contexts.

The young person lives through an exciting period of life that is characterised by transitions. Through these transitions, from one developmental achievement to the next, emerge challenges that the young person needs to address successfully so they emerge as a young adult established for a successful life journey. These transitions are all about potential—potential of what the young person may achieve and become. The bioecological theory of human development (Bronfenbrenner 2001) argues that inherent potential is not static. Rather, potential increases for the young person who is well supported by their family, school, church, community and all levels of government. For many young people, peers are also an important aspect of their life. Benefits from stable peer relationships can significantly increase developmental outcomes. However, these same peer relationships can create tension for the young person and their family.

Developing the young person's potential helps to establish a good pathway that will assist to maximise achievements as an adult. Nurses have a significant role during these transitions, especially within the community, where most nursing and healthcare for this group occurs. The foundational support structure for the young person is the family, a source of strength and protection. A family-focused approach to nursing enhances the outcomes of healthcare for the young person. This chapter will address three keys strategies for promoting health and wellbeing and providing best nursing care to the young person:

1. developing the connections and relationships between nurses and the young person in partnerships
2. enabling the family and the young person in decision making, and
3. valuing and promoting family strengths.

Setting the scene: a clinical scenario

As an adolescent health nurse working in a rural community health centre, you receive a referral from the local high school. Becky, a 14-year-old female, is legally competent to give consent for her own healthcare and has accepted the referral (see Ch 4 for further information about informed consent and young people). Becky has been referred following noticeable behavioural changes that are negatively affecting her relationships with the teachers and other students. Her appearance

has become increasingly 'scruffy' and her language has become nonchalant and at times offensive.

Becky has not previously been reported for disruptive behaviour at school. Becky was the highest achiever in Year 8 science last year. In primary school, Becky was the Year 6 representative on the student council. As a young child, Becky played well with all her friends and was an excellent mentor to the kindergarten children. She enjoyed visiting the nursing home through a local school community program, especially since her Nan was one of the residents. Shortly after Becky completed primary school, Nan passed away.

Becky lives with her mother Jill and older brother. Her parents divorced 2 years ago. She has not seen her father since, as he relocated interstate; yet, they speak on the telephone monthly. Becky used to enjoy talking to her mum after school; however, 3 months ago her mum re-entered the workforce taking a position as an evening waitress, involving long hours in the night and regular absence from home in the afternoon when Becky gets home. She misses sitting with her mum around the kitchen table. Her brother is also having trouble and Becky is worried that he may have started to take drugs. Last year he left school mid-year before completing Year 10 and has not had any employment since. He has stopped being home at teatime since mum started her new job and often returns home after mum finishes work. Becky's mum recently arranged a medical appointment for Becky to review her chronic yet usually controlled asthma following recent episodes of coughing at night.

Jill also mentioned to the general practitioner that Becky seemed unusually down. The medical notes identify that Becky has been neglecting to self-administer her asthma preventers and no formal diagnosis of any mental illness was made. This medical visit seemed to further upset Becky who is now saying to her mum 'everything is hopeless'. Becky continues to neglect to self-administer her preventers saying, 'What's the point? We all die of something.'

You spend time listening to Becky tell you her life story and start to develop a relationship with her. Becky starts by telling you 'things at home and school haven't been good this year and I've had some thoughts lately that are really scary. The thoughts started shortly after I broke up with my boyfriend. I don't like school any more and I take everything out on mum. I just don't know what to do anymore.' Becky asks, 'Can you help me cope please?' You also discover that she broke off with her boyfriend after her best friend started seeing him.

Becky's family and relationship losses and stress are affecting her. You ask Becky to draw a genogram, a diagram that depicts family relationships (Harris et al. 2006), and then you use this to identify important relationships in her life. Using the Australian Family Strengths Nursing Assessment Guide (see Table 1.2 in Ch 1), you start to explore with Becky her family's strengths. Since Becky is autonomous in seeking healthcare in this situation, you ask her how she would like your relationship to progress. You let Becky know that she is free to direct what her needs are and when she would like to meet with you. Becky decides that she would like to get together next week, and says she really liked talking to you about her life without being told what to do.

At your next visit, you further explore her family and personal strengths, and together you identify where Becky would like to be in 2 months time. Becky identifies that she wants to continue with her schooling and to make some new friends. She also wants to find some time to talk to her mum more—like she used

to. Her brother's wellbeing is also a major concern, but just now she does not think she can deal too much with it, so you leave this for another day. A visit to her dad also seems a nice idea to her, perhaps in the summer holidays.

While reading this chapter, reflect on this scenario and consider how the issues discussed relate to Becky and your nursing. We will return to Becky at the end of this chapter.

Health and wellbeing of young people

Young childhood is often experienced as a period of delight and joy. This delight however can be interrupted with the onset of developmental changes that create challenges for the upper primary child and adolescent. The joys of childhood can be quickly forgotten when the tumultuous years of change appear. Despite community concerns over increasingly negative outcomes of late childhood and adolescence, statistics indicate that young people generally experience good health and succeed in their transition into young adulthood. Most young people in Australia are faring well. Mortality rates for all the major causes of death in children aged 1–14 in Australia continue to fall. The major cause of death in this age group remains injury and poisoning (Australian Institute of Health and Welfare 2005). Death rates for young people aged 12–24 also continue to fall, with the major cause in this age group also being injury and poisoning (Australian Institute of Health and Welfare 2003).

Yet, not every young person is doing so well. Too many young people experience traumatic periods in their adolescent years. Despite improvements in health statistics, in Australia, Aboriginal and Torres Straight Islander children and children from poorer socioeconomic backgrounds continue to experience higher mortality and morbidity rates, poorer developmental outcomes and generally reduced wellbeing when compared to other Australian children (Australian Institute of Health and Welfare 2005). Likewise, Maori and Pasifika children suffer from inequalities and injustices, which result in higher preventable mortality and morbidity rates than for non-Maori and non-Pasifika children (New Zealand Children's Commissioner 2006).

Statistics indicate that the intact family (where the child is the biological, adopted or foster child of both parents) remains the place where most young people live (Australian Institute of Health and Welfare 2005). Chapter 1 presented a detailed description of family characteristics in New Zealand and Australia. From data of families with children aged 4–12 years, the majority reported high levels of family cohesion, with cohesion higher generally in intact families than in lone-parent or blended families (Australian Institute of Health and Welfare 2005 p. 79). The resilience of the family to remain and to function well serves a protective function for children and young people. However, family and social changes (e.g. parental separation, divorce and relocation) can be impediments to the formation of secure relationships, and this may increase the risks to the health, wellbeing and actualisation of potential of the young person (Bronfenbrenner & Morris 1998, Eckersley 2001).

Some morbidity statistics continue to increase or remain high across a wide range of key indicators of health, development and wellbeing in young people in both Australia and New Zealand. Childhood obesity and type 2 diabetes are on the rise

in both countries (Australian Institute of Health and Welfare 2005, New Zealand Children's Commissioner 2006). Adolescent alcohol abuse rates continue to increase (Hayes et al. 2004). Young people are responsible for more offences (judicial) than any other age group (Smart et al. 2003). Approximately 28% of young Australians are depressed, anxious, involved in antisocial behaviour and/or high alcohol consumption (Smart & Sanson 2005). Persistent struggles by Australian and New Zealand young people with abuse, homelessness, violence, teenage pregnancy, illicit drug usage, alcohol abuse, poor education outcomes, psychosocial disorders, depression and mental health are all problems facing young people and youth in recent years (McMurray 2007, Vimpani et al. 2002, New Zealand Children's Commissioner 2006). See Box 9.1 for the research basis of information about antisocial behaviour. These struggles may result in future trends of morbidity and mortality that we do not currently see. However, these recent patterns have significant bioecological factors that can be mediated with increased investment in primary healthcare and health promotion.

Box 9.1 Research highlight: patterns and precursors of adolescent antisocial behaviour

A longitudinal study undertaken by the Australian Institute of Family Studies in collaboration with Crime Prevention Victoria recruited 2443 children aged 4–8 months and their parents, who were a representative sample of Victoria. Through 13 annual or biannual waves of data, it has demonstrated that there were no direct links between the single factor of living in a disadvantaged location and antisocial behaviour. The research also found that the early adolescent years appear to be a crucial time of transition and for developing pathways towards antisocial behaviour.

Interventions aimed at late childhood and early adolescence are shown to successfully change negative pathways. Interventions that may be successful include developing personal skills in moderating difficult temperamental traits, improving relationships between adolescents and parents, assisting families to remain intact, assisting parents to develop parenting skills, and finding ways to enhance connectedness at school (Smart et al. 2003).

Illustrating the benefits of concerted health promotion to address issues confronting young people is the trend in young male suicide rates. In the early 1980s, the suicide rate for young Australian males aged 15–24 (19 per 100,000) was considerably lower than most other groups, yet by the late 1980s it had increased to the same rate as older males. The rate then peaked in 1997 at 31 per 100,000. Following public concerns and intensive injection of funds into prevention strategies, interventions and support for young men, the suicide rate has fallen dramatically back to 19 per 100,000 in 2001–02 (de Vass 2004).

Likewise, in New Zealand, youth suicide rates peaked in 1998 and have declined since (New Zealand Children's Commissioner 2006). Although the cause of the decline cannot be solely attributed to any one intervention, this illustrates the benefits gained through sound investment in health promotion and the huge cost we carry in loss of life and grief when primary healthcare strategies are neglected, especially for the young and vulnerable.

Effective health promotion that promotes youth resilience should have a bioecological focus. The greatest achievements in promoting health for the young person, especially the adolescent, can be gained through strengthening family cohesion and wellbeing. Other health promoting activities need to address broader bioecological factors. McMurray (2007 p. 199) identifies six major health issues affecting adolescents as:

1. mental and emotional health and maturity
2. physical health and wellbeing
3. minimisation of conditions that create risky behaviours
4. sustainable lifestyle habits
5. healthy environments, and
6. empowering structures and processes for successive generations.

The young person in context

Recent developmental research discoveries have indicated that genetic makeup does not solely determine human traits; rather, genetic messages interacting with environmental experiences determine developmental outcomes. Ecological factors affecting biological developments (such as parental interactions with their child impacting on early and young brain development) demonstrate how genetic endowment and environmental experiences interact to determine outcomes and human functioning (Vimpani 2001, Neill & Bowden 2004).

Genetic material contains blueprints for potential. However, they do not contain the processes. These processes of actualising genetic potential are found externally. Thus, development occurs through interactions between the individual and the environment (Rutter 2006). These interactions, which become effective if occurring regularly over time, are bi-directional. The ecology changes the person and the person changes the ecology. Therefore, the individual is active in their own development through selective patterns of attention, action and responses with people, objects and symbols.

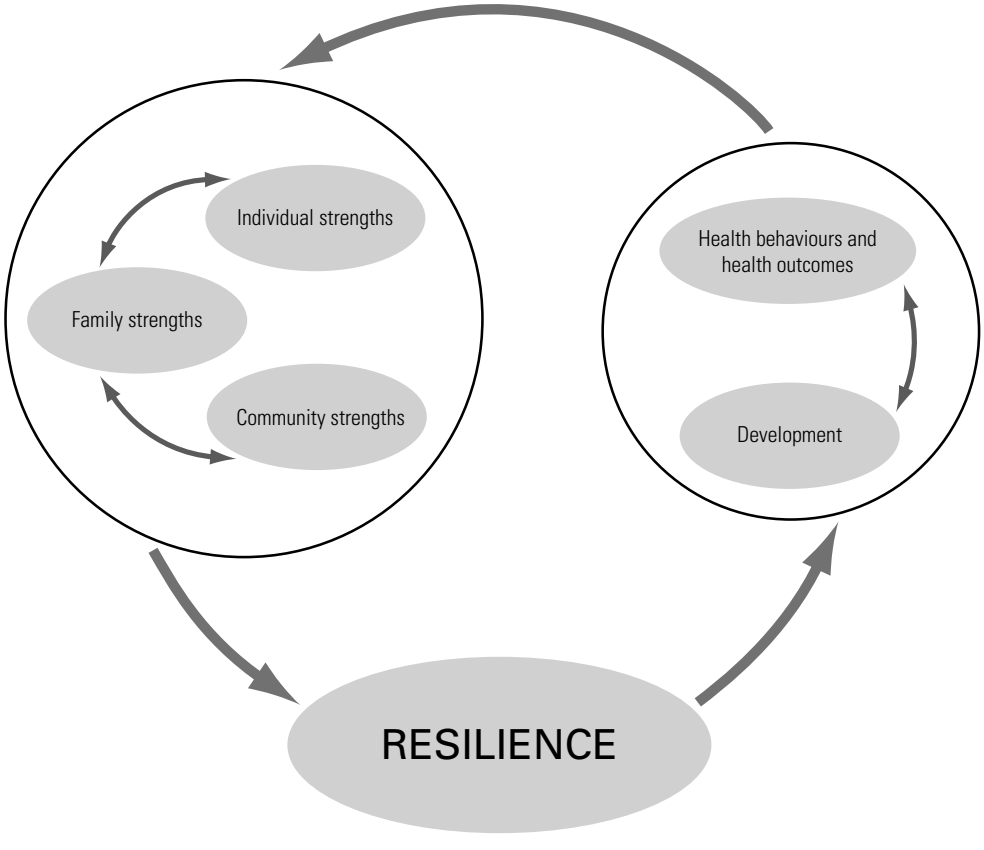
Human interactions are the primary mechanism through which human genetic potential is actualised (Bronfenbrenner 2001). The bioecological theory of human development proposes that, by enhancing human interactions and environments, it is possible to increase the extent of genetic potential realised into development (Bronfenbrenner 2001, Bronfenbrenner & Ceci 1994 p. 568). The bioecological theory focuses on the mechanisms of development alongside the ecological context as equal determinants of development. This establishes the basis for understanding the young person within their environment as an active participant in their own development. It also establishes that in human development, the influential environment is not merely the immediate context in which the developing young person resides; rather, it also includes the interactions between people in various settings and the influences from larger surroundings. These are the bioecological determinants of development, health and wellbeing.

Understanding bioecological determinants assists nurses to promote optimal outcomes for the young person. Developing connections and relationships in partnership between the nurse, the young person and their family is a key strategy

for nursing care of the young person. These connections are particularly important in promoting adolescent health and wellbeing, as they recognise the autonomy of the adolescent and promote partnerships between the adolescent and their nurse. Across all stages of life, nurses provide an important human input into the life, wellbeing, health and development of others. Understanding your role in the life of a young person and their family is necessary to enhance connectedness, facilitate communication and maximise empowerment.

In an empowering relationship, the nurse uses their power (skills, knowledge and will) for the other and rejects using power to control others (Balswick et al. 2005). Bioecological determinants can be grouped within three domains: the individual, the family and the community. Structuring nursing support across all three domains to enhance strengths will maximise health and development outcomes for the young person through supporting both their own and their family's resilience. Family resilience is defined as a family's healthy response and successful adaptation to the risks, stresses, adversities, everyday normality and changes of life, family and its members' experience (Smith 2002). The enhanced health and development outcomes influence the individual, family and the community strengths, thus creating a positive cycle in the bioecological determinants (see Fig 9.1).

Figure 9.1 The resilience cycle



Protective and risk factors for young people

Determining risk is a central task of population health research. Risk in this research means 'the probability that an event will occur' (Young 2005 p. 177). Risk is commonly conceived of as the likelihood of a negative outcome rather than the likelihood of a positive one. To clarify this concept, protective factors increase the likelihood of a positive outcome and risk factors increase the likelihood of a negative outcome. Population health researchers undertake analysis of a phenomenon (the risk or protective factor) at the level of the whole population. Other health research undertaken at the individual or small group level is applied health research. Applied health research contributes towards understanding and testing the findings from population health research and broadens the understanding of health and illness through a lens of human values (Young 2005). From population health research we can identify protective and risk factors, and from applied health research we can understand why these factors occur and what contributes to or hinders their occurrence.

Many health and wellbeing outcomes are identified to be amendable to various risk and protective factors (Wilkinson & Marmot 2003). Both risk and protective factors are likely to be cumulative—that is, the greater the protective factors and the less the risk factors, resilience is enhanced and outcomes are maximised (Blum & Ireland 2004). A risk-focused approach identifies problems or trouble in an endeavour to isolate what went wrong and the negative consequences of the various actions, failures or breakdowns. Findings from troubled families demonstrate the scope of the challenge that some young people face (Beautrais 2000, Bond et al. 2000, Blum & Nelson-Mmari 2004). As a result, nursing care and health promotion tend to emphasise treating young people and families with identifiable risks, highlighting negative attitudes, eliminating behaviours related to risk, and warning those not already engaged in the risky behaviour.

Risk-focused research findings provide little guidance about what young people and families can do to optimise positive outcomes. Risk-reduction approaches to health promotion do not appear to be effective and risk-focused deficit models should change to strengths models (Blum 1998 p. 373). Exploring protective factors provides a basis to structure health promotion and nursing care of young people, while not neglecting the risk factors that young people face (Blum et al. 2002). See Table 1.1 in Chapter 1 for a list of individual, family and community risk and protective factors that influence early childhood health, and see Table 10.2 in Chapter 10 for risk and protective factors for psychopathology in children and young people.

The identification of risk, however, is not without criticism. Some risks may be modified through ecological factors that negate the risk for some yet not for others. These modifying factors are often unknown. Placing restrictions on people's behaviours because of the identified risk, based on assumptions that may not be generalisable, is problematic. Even after extended exposure to severe negative experiences, children demonstrate variations in their long-term outcomes (Wise 2003). Resnick et al. (1997) identified that:

> '. . . some children who are at high risk of health compromising behaviours negotiate adolescence, avoiding behaviours that predispose them to negative

health outcomes, while others relatively advantaged socially and economically, sustain significant morbidity as a consequence of their behaviour'.

At other times, risks that have demonstrated a weak correlation in population health research may indeed pose a severe risk to certain susceptible individuals or groups. The decision to identify a risk as being undesirable is constructed through social, cultural and political processes, which are disempowering to the individual and allows health administrators to allocate blame to the victim based on their association with the risk (Patterson & Lupton 1996). Risk findings tend to categorise groups of people as 'problems', without any effort to understand the individuals within these groups (Lupton 1999). For example, being an adolescent is often seen as a risk itself, one that is resolved by obtaining the status of an adult.

Although it is known that protective factors can modify the effects of risk factors and generate wellbeing, the ways in which various protective factors and risk factors interact to protect young people from engaging in risk-taking behaviour and enhance health and development is not known (Wise 2003, Smart et al. 2003).

Clinical focus for nursing the young person

With the advent of modern nursing from the late 1800s and the rise of the medical profession during the 1900s, nursing practice became increasingly dominated by a biomedical approach with its reductionist and deficit focus (Wearing 2004). Nursing has predominantly been understood as one person caring for another person, with most nurses considering the individual as the boundary of their care (Segaric & Hall 2005).

This creates two problems. Firstly, in caring for the young person, the family is viewed in terms of their potential contribution towards the present illness instead of their contributions towards wellness (Darbyshire 1994). Secondly, the family becomes excluded from both decision making and contributing towards care because the nurse–client relationship becomes the dominant relationship. In this relationship, the nurse becomes the expert, who possesses the solutions and controls the resources (Wynaden et al. 2006, Griffin 2003). In other words, the biomedical orientation of clinical nursing decreases the centrality of the family, which leads the nurse to fail to appreciate the importance of the family to health outcomes. In short, a biomedical model unwittingly prepares nurses to overlook the family.

The negative effect of alienating young people from their parents during hospitalisation was established by 1970, yet few changes were seen until the early 1990s (Middleton 2005). Attitudes towards the care of the young person have now changed. Nursing care of the young person has become inclusive of families, with models of nursing care such as family-centred care introduced on an increasing scale (Young et al. 2006). Now nursing care of the young person emphasises the relationships, connections and the partnership between the family and the nurse. Nursing care of the young person attempts to enable the family and the young person in their decision making related to healthcare. While enabling the family in this process, the nurse needs to remain aware of the struggle for autonomy that the young person is attempting to manage, while they are needing support from their loved ones when faced with health issues. More recent advancement in

nursing the young person sees nursing displaying a family-strengths focus. These developments are critical for the optimising of community-based and primary healthcare of young people.

Nurses developing connections and enabling relationships

Developing connections and relationships between nurses and the young person in partnerships is one of the keys to providing best nursing care of the young person. If you review the clinical scenario at the beginning of the chapter, you will notice this approach. Crole and Smith (2002) highlighted four important phases in developing the relationship between nurses and the young person.

Initially, during the *introductory phase*, the young person and their family may make the initial connection with their nurse, especially in a community setting such as a school or community health service. At other times, nurses make the initial contact with the young person. Nonetheless, strategies nurses use to assist in establishing common bonds with the young person include talking about television shows and participating in favourite activities. These times give an opportunity to participate in conversations that demonstrate how the nurse values the young person, without the pressure of them having to comply with any requests or undergo any procedures. Establishing a good rapport with the young person allays anxiety and may help avert adverse behaviour (Mills 2005).

Once the relationship has commenced, it is important to *build trust*. Nurses' use of age-appropriate language, social activities, providing explanations, allowing participation in decision making and goal setting, encouragement and adequate preparation for procedures all help build trust in the relationship. A young person will be more trusting of nurses who are willing to get down on their level and interact on their terms. Social interactions have many benefits for both the young person and nurse. It is a normalising experience for the young person (Hall & Reit 2000).

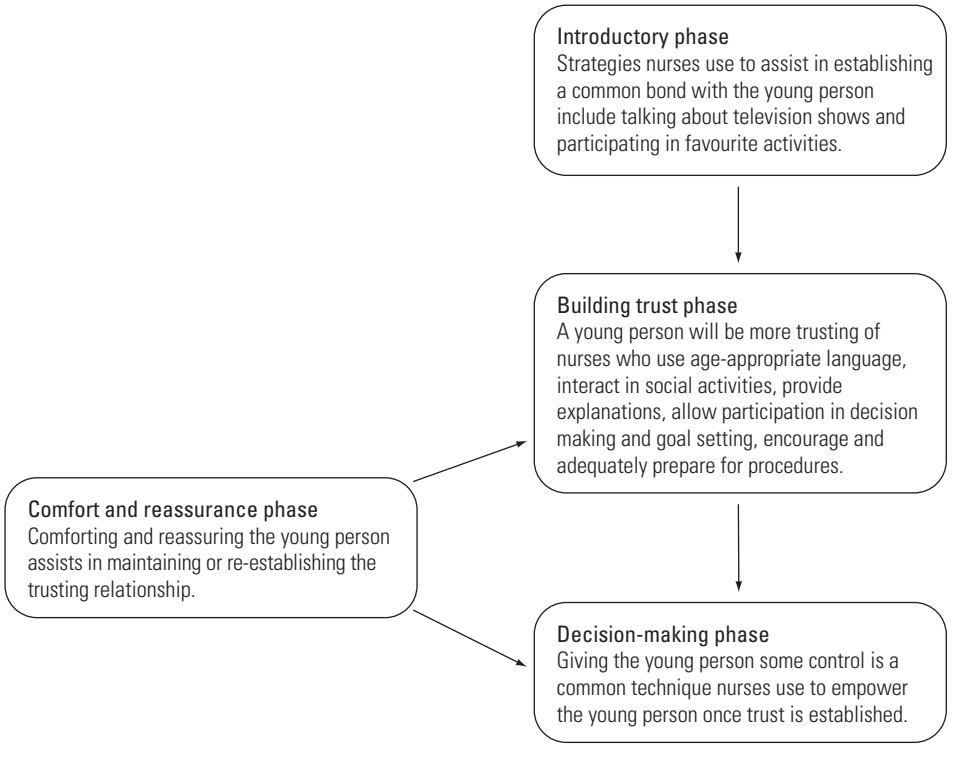
Often nurses are required to make decisions that challenge the connection that has developed in the relationship with the young person. During the *decision-making phase*, nurses need to decide how much control is given to the young person. Giving the young person some control is a common technique nurses use to enable the young person once trust is established. In general, there are no guidelines that regulate nurses delegating self-care tasks and enabling the young person to participate in the decision-making process. Issues of informed consent and working within the scope of practice should be articulated within the employer's policy and procedures manual and may determine appropriate actions in some situations. These decisions are complicated when the young person is estranged from their parents or hesitant to include them in the decision. When promoting lifestyle choices in health promotion activities, an enabling approach facilitates empowerment and significantly increases the likelihood of long-term benefits being achieved.

At times during the relationship, the young person may see their nurse whom they trusted as responsible for the discomfort and pain experienced. *Comforting and reassuring* the young person assists to maintain or re-establish the trusting relationship. Techniques such as praising the young person for their courage to address their

challenges and getting the young person to consider what they have achieved towards their goals help restore the young person's trust and build their self-esteem.

The four phases of the relationship between nurses and the young person, as illustrated in Figure 9.2, highlight the importance of building every stage of the relationship and the interconnectivity of each stage. If trust is not established or is impeded throughout the four phases, it becomes difficult to gain the young person's cooperation or deliver optimal nursing care. Nurses need to move between these four relationship phases to skilfully optimise the outcomes from nursing encounters with the young person. Nurses become engaged in the lives of the young person and the family to help them cope with the difficulties they face. This engagement requires commitment and involvement, yet finding the right level of involvement is necessary in achieving a therapeutic long-term relationship (Hawes 2005).

Figure 9.2 The four phases of the nurse–young person relationship



Source: Adapted from N Crole and L Smith 2002 Examining the phases of nursing care of the hospitalised child. *Australian Nursing Journal* 9(8):30–1.

Valuing and assessing family strengths with the young person

The strengths perspective (see Ch 1) lends itself particularly well to nursing young people. All young people have strengths that nurses can draw on through primary

healthcare and health promotion activities. There is emerging strong evidence for the importance of nurses caring for the young person to help families develop strengths. Overwhelmingly, researchers and health advocates conclude that strong families assist young people to develop resilience, help overcome life challenges and crises, and develop enhanced health and wellbeing outcomes (Denham 2003, Joronen & Astedt-Kurki 2005, Wolkow & Ferguson 2001, Wertlieb 2003).

Young people often feel disconnected from their family and some are alienated. Parents often feel despondent, worn out and challenged by the transitions and choices of the young person. It is most important for nurses to help young people identify their place in their family, as well as helping families identify their functioning (past and present) strengths and facilitate their further development. If you review the clinical scenario at the beginning of the chapter, you will notice this approach. Helping young people to be more aware of their connectedness to their family enhances their self-esteem and resilience. The young person should be explicitly asked to identify their family strengths. Identifying and documenting a history of family strengths can act as a significant means of helping the young person and their family draw on their strengths during stressful times (Sittner et al. 2005, Feeley & Gottlieb 2000).

Identifying their family strengths can also be a means of developing good connections with the young person. When a positive and encouraging perspective in their nurse is recognised, their optimism in the outcomes will increase. Adopting a positive perception of adversity inspires and encourages the young person to know that they have the strength to be resilient, to withstand stressors and to recognise that growth occurs from experiencing stressful conditions and transitions. Try the activity set out in Box 9.2.

Box 9.2 Critical reflections: assessing family strengths and the young person

Utilising the Australian Family Strengths Nursing Assessment Guide found in Chapter 1, Table 1.2, engage in a conversation with a young person who you know about their family's strengths and how their family functions across the eight qualities. Explore what goals the young person is currently striving towards concerning their health, wellbeing and family. You can use the clinical scenario with Becky as a guide to this activity.

Nurses relating to the young person with challenging behaviour

Nurses can be confronted by a range of behaviours in the young person, which may be perceived as challenging (Russell et al. 2003). These may include behaviours considered normal while the young person is experiencing transitions in development, to those that are aggressive, threatening and overtly risky. Some challenging behaviours displayed by the young person may be associated with specific diagnoses impacting on self-control and development, such as autism and hyperactive and attention disorders. Some challenging behaviours may be associated with communication or with a family's perceived lack of interest in the young person's welfare.

At times, the family may abdicate their involvement in the care of a young person displaying challenging behaviour, effectively leaving the nurse to negotiate directly with the young person. Even when the young person and the family are empowered to participate in the decision making and nursing care, they may still decide not to adopt the path suggested or encouraged by the nurse.

A recent grounded theory study of paediatric nurses asked participants to define challenging behaviours, as they perceived them, in 7–14 year olds (Wood 2003). In this study, physical aggression and violence were identified as the most challenging to nurses, particularly when the behaviour was unexpected and essential care had to be provided. Despite the difficulties experienced by nurses when confronted with challenging behaviour, caring for the young person is often both stimulating and satisfying.

Now returning to Becky from our clinical scenario, we can see how important it is that the connections she has in her life are further strengthened. Her connections with her parents, her brother, her friends and her school have been challenged recently. Through a family-strengths perspective, these challenges and stresses can be reframed as transitions that are leading to growth in the relationships. It is through enhancing the strengths in Becky's life across all areas (individual, family and community, as shown in the resilience cycle in Fig 9.1) that resilience is strengthened and her health and wellbeing outcomes are protected and enhanced.

Further challenges that Becky may encounter associated with adolescence include her sexuality and sexual behaviour, her body image and self-esteem, along with being resistant to the misuse of drugs and alcohol. Becky's concerns for her brother are real and will need exploring. What actions Becky should and could take are dependent on many factors not identified within this scenario. For now, ensuring Becky feels connected to her family, friends and community is the highest priority.

Conclusion

Nursing of the young person can incorporate a strengths perspective as a basis of nursing care. Understanding of influences on health and development has shifted from a predisposing medicalised focus to a broad understanding of bioecological determinates. Nursing actions and attitudes that enable the young person and the family, build connections and relationships, and help mobilise strengths, are the most effective nursing strategies for enhancing health and development. Nurses increase connectedness to the young person through spending time developing a relationship with the young person, talking about things that matter to them, and including the young person and the family in the decision-making process as much as they are able and willing.

Practice tips

Nurses caring for the young person from a family-strengths perspective will seek to:

» look for healthy intentions in the young person and in their family
» support the young person's courage in taking actions towards their desired goals
» assess operational strengths that can be encouraged
» seek to maintain the family's functioning and coherence

» attempt to collaborate with the whole family in a partnership
» enable the young person and their family through active participation in decision making whenever appropriate (as determined by the young person and the family) and if possible (ensuring negotiation and safe preparation and education has occurred), and
» relate to the young person directly through building connections at an age-appropriate level.

Useful resources

Australian Government Department of Families, Community Services and Indigenous Affairs—Youth: www.facs.gov.au/internet/facsinternet.nsf/youth/nav.htm.

Australian Institute of Health and Welfare (AIHW) *Health inequalities monitoring series*. Available at www.aihw.gov.au/publications/index.cfm/series/240.

Centre for Adolescent Health: www.rch.org.au/cah/index.cfm?doc_id=833.

Children, Youth and Family Consortium: www.cyfc.umn.edu/welcome.html.

Families First—Better Futures: www.familiesfirst.nsw.gov.au/public/s42_strategy_FF/strategies.aspx?id=2.

The spirit of generation Y. Young people, spirituality and society: http://dlibrary.acu.edu.au/research/ccls/spir/sppub/sppub.htm.

UNL for families: http://unlforfamilies.unl.edu/Index.htm.

Victorian Adolescent Health Cohort Study *2000 stories*: www.mcri.edu.au/pages/2000-stories/.

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